Standards of Physical Examination ...

FORM 75

(SECOND EDITION)

STANDARDS OF PHYSICAL EXAMINATION

FOR THE USE OF

LOCAL BOARDS, DISTRICT BOARDS, AND MEDICAL ADVISORY BOARDS UNDER THE SELECTIVE-SERVICE REGULATIONS

PRESCRIBED BY THE PRESIDENT UNDER THE AUTHORITY VESTED IN HIM BY THE TERMS OF THE SELECTIVE-SERVICE LAW

ISSUED THROUGH THE
OFFICE OF THE PROVOST MARSHAL GENERAL

WASHINGTON
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WAR DEPARTMENT,
Washington, September 27, 1918.

Under authority vested in him by the act of Congress of May, 18, 1917, and the public resolutions and acts amendatory thereof, the President of the United States prescribes the following Rules and Regulations (in this the second edition of the Standards of Physical Examination) for the government of Local Boards, District Boards, and Medical Advisory Boards, and directs that they be published for the government of all concerned, and that they be strictly observed.

B. CROWELL,
Acting Secretary of War.

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IMPORTANT PREFATORY NOTICE.

This second edition of Standards of Physical Examination, P. M. G. O. Form 75, supersedes the first edition published June 5, 1918, and the use of the latter must be abandoned at once and all copies destroyed except a sufficient number to complete the permanent reference files at State Headquarters and Local and District Boards.

This edition should be carefully studied for observation of

IMPORTANT CHANGES.

1. In the procedural rules (Selective Service Regulations, second edition, see appendix hereof) a registrant no longer has the right or privilege of applying to be sent to a Medical Advisory Board; nor need a registrant, sent by a Local Board to a Medical Advisory Board, be sent to or examined by the entire Medical Advisory Board, but may be sent to and examined by any member or members thereof designated by the Local Board.

2. The changes in the Physical Standards proper are few, and have been adopted mainly for the purpose of making available the greater number of registrants having remediable defects (Group B) by transferring them to Group C for special or limited service. When inducted and accepted at camps, the defects may be corrected when convenient; meanwhile, the Army will have the benefit of the services of these men.

3. Registrants who have heretofore, upon examination, fallen into Group B (the deferred remediable group) but who now, under the revised Form 75, have physical defects placing them in Group C (as physically qualified for special or limited military service), should at once be reviewed, reexamined if necessary, and recorded in Group C, subject to call for special or limited military service.

4. The next most important change is that which cites certain variations from Army physical standards in the assignment of inducted men to the Navy and the Marine Corps.

5. Attention is called particularly to the following sections:

Section 4 (group changes).

Section 5 (Navy and Marine Corps standards).

Section 14 (prohibiting office examinations for Local Boards).

Section 20, last paragraph (eye examinations for Navy).

Sections 22, 43, 54, 72, 73, 74, 75, 87, 100, 101, 102 (transfers of certain disabilities from one physical group to another).

Section 171 (induction of malingerers).

Appendix (Selective Service Regulations, second edition, especially sections 128½ and 177, with notes, pages 61 and 64 hereof).

STANDARDS OF PHYSICAL EXAMINATION.

FOR THE USE OF

LOCAL BOARDS, DISTRICT BOARDS, AND MEDICAL ADVISORY BOARDS UNDER THE SELECTIVE SERVICE REGULATIONS.

I. PRELIMINARY STATEMENT AND RULES.

1. The purpose of the Standards of Physical Examination is to secure greater efficiency and uniformity in the examination of registrants and enlisted men. Medical examiners should consider the standards as a guide to their discretion; therefore they are not to be construed too strictly or arbitrarily. The object is to procure men who are physically fit, or who can be made so, for the rigors of field service, or for special and limited service, and the determination of these questions is left to the judgment and discretion of the examining boards, appointed under authority of the selective-service law, and to the military examining surgeons at mobilization camps and other army posts and stations.

2. As the physical standards established by these regulations apply to voluntary applicants for enlistment, as well as to registrants, under the selective-service act, the term "registrants," as used therein, may be considered as including applicants for enlistment where such interpretation is necessary to a proper application of the text. (See Section 151, S. S. R.)

3. Voluntary applicants for enlistment who do not come within the standards of acceptance for general military service as applied to registrants under the selective-service act will be rejected for all military service, unless the defects are waived by authority of The Adjutant General of the Army.

4. Local Boards have original jurisdiction, subject to review on appeal to District Boards, and may accept or reject registrants for military service as follows:

(*a*) Registrants who on examination are found to present conditions which fall within the proper standards shall be unconditionally accepted for general military service (Group A).

(*b*) Registrants who on examination are found to suffer from remediable defects which fall within the proper standards may be accepted for general military service in the deferred remediable group (Group B).

Group B is restricted to drug addicts, to those having deformities which may interfere with the wearing of a uniform, and to a few special conditions cited in the text. (See Section 128½, S. S. R.)

(*c*) Registrants who on examination are found to present defects which fall within the proper standards may be accepted for special and limited military service (Group C).

(*d*) Registrants who on examination are found to present defects which fall within the proper standards shall be unconditionally rejected for all military service (Group D).

(See sec 128½, Selective Service Regulations, pp. 61–63 herein.)

(*e*) Where conditions are temporarily disabling, but tend to a spontaneous cure, induction should be delayed.

(*f*) When a registrant has some defect for which, under the standards of physical examination, he would be unconditionally rejected, but which does not impair his health, he may be accepted for special or limited military service, provided that he possesses qualifications which render his induction desirable, and that such induction is specifically requested by military authorities.

5. Navy standards of physical requirements conform in the main to those of the Army included under Group A. But registrants who, on examination, present the following defects shall not be accepted for service in the Navy or Marine Corps:

Eyes: (*a*) Vision less than three-quarters of the normal in either eye.
(*b*) Color blindness.

Skin: (*a*) Parasitic affections, including pediculosis, ringworm, and scabies.
(*b*) Eczema.
(*c*) Psoriasis.

Genito-urinary organs and venereal diseases:
(*a*) Absence, atrophy, or non-descent of both testicles.
(*b*) Venereal disease, any type or stage.

Height: Over 74 inches.

6. Local Boards need not make complete physical examination of every registrant. Upon discovery of a defect requiring unconditional rejection the physician of the Local Board need proceed no further; but in all other cases there must be a complete examination as prescribed in section 182, Selective Service Regulations (pp. 65–66 herein).

7. Medical Advisory Boards have no power to determine finally whether a registrant shall be accepted or rejected for military service. This power is placed by the Selective Service Regulations in the Local and District Boards. The functions of the Medical Advisory Boards are, as the name imports, to examine registrants referred to them by the Local Boards and State Adjutants Gen-

eral, and to return the result of their examinations, inserted at the proper places in Form 1010 P.M.G.O., "Report of Physical Examination" (sec. 282, Selective Service Regulations, p. 227). The Medical Advisory Boards are not required to make a complete examination of every registrant. At any point in the course of the examination when it is found that the registrant is physically or mentally unfit within the standards of unconditional rejection, the examination need proceed no further. After a Medical Advisory Board (or a member or members thereof, to whom a registrant has been referred), has completed the examination of the registrant, the chairman, or the designated member of the Advisory Board, shall certify the result in the proper space on Form 1010, and return the form at once in triplicate to the Local Board through the mail or by messenger other than the registrant. (See sec. 123, S. S. R., p. 58, herein.)

8. Medical Advisory Boards are maintained for the purpose of reexamination of registrants concerning whose physical condition the physicians of the Local Boards are in doubt. Local Boards should feel free to ask the advice of the Medical Advisory Boards concerning the mental and physical fitness of registrants. There should be cordial co-operation between the Local Boards and the Medical Advisory Boards. Co-operation may be made profitable and practical through actual consultation and conference between the Local Boards and Medical Advisory Boards when this is possible. In many districts the members of the Medical Advisory Boards have the opportunity to be in close touch with the Local Boards. In some large advisory districts the opportunity for frequent consultation and conference may be infrequent and difficult. Through the medical aide to the governor, ways and means for co-operation may be found. The standard of efficiency of the personnel of Medical Advisory Boards should result in the rejection of all registrants referred to Advisory Boards or members thereof for examination who are physically and mentally defective within the standards of unconditional rejection. This is very important as a measure of economy and justice to the Government, the Army, and the registrant.

9. Local Boards and Medical Advisory Boards should be especially careful in the selection of registrants who suffer from defects of vision; defects of hearing, and with chronic discharge from the ear or ears; toxic conditions associated with abnormal conditions of the thyroid gland; valvular disease of the heart; tuberculosis; epilepsy; mental disease or deficiency; and irremediable defects of the feet. In other words, to make a good soldier the registrant must be able to see well; have comparatively good hearing; his heart must be able to stand the stress of physical exertion; he must be intelligent enough to understand and execute military maneuvers, obey commands, and

protect himself; and must be able to transport himself by walking as the exigencies of military life may demand.

10. District Boards have appellate jurisdiction over all decisions of Local Boards, including the findings of Local Boards as to physical qualifications; but in considering appeals as to physical qualifications the District Board may not conduct any new physical examination nor receive or consider any evidence which was not considered by the Local Board. (See sec. 126, Selective Service Regulations, p. 60, herein.

11. The Army medical officer detailed as Medical Aide to the Governor should be the instrument of communication between the governor or his Adjutant on the one hand and the Local and Medical Advisory Boards on the other hand in all matters concerning questions relating to physical examinations. (Sec. 29, S. S. R.)

12. Local Boards may not induct registrants accepted for general military service who are in the deferred remediable group (Group B) or for special or limited military service (Group C), until a special call has been made by the Provost Marshal General's Office for these groups of registrants.

13. The final decision as to the acceptance or rejection of inducted men under these regulations rests with the military authorities at the mobilization camps or other military stations to which the registrants are sent upon induction into the military service.

14. No physical examination, nor any part thereof, shall be conducted at the private office of a medical examiner for a Local Board.

15. Instructions for the special guidance of Local and Medical Advisory Boards are printed in heavy type at the end of each chapter and all specific directions to Local Boards and to Medical Advisory Boards are printed in heavy type in the text.

16. In the appendix will be found general information and the important sections of the Selective Service Regulations relating to physical examinations and governing Medical Aides and Local, District, and Medical Advisory Boards, which will be found valuable in connection with the Standards of Physical Examination.

II. ORDER AND METHOD OF EXAMINATION.

17. The physical examination should take place in a large, well-lighted room. A quiet communicating room should be used for the examination of the heart and lungs. The temperature of the room should be regulated in cold weather to prevent the registrant from becoming chilled. The registrant should be questioned about his past and his present physical condition. His mental characteristics and speech should be observed. Malingering should be borne in mind at all stages of the examination.

18. No anesthetic may be given to a registrant without his voluntary consent for the purposes of examination or to aid in the diagnosis of defects.

19. The following order of procedure in examining a registrant should be pursued, as a rule:

(*a*) Make tests of the vision. (See Chapter III.)

(*b*) Make tests of the hearing. (See Chapter IV.)

(*c*) Examine the scalp, face, mouth, teeth, fauces, and nose. (See Chapters V–VI.)

(*d*) At this stage of the examination have the registrant take off all of his clothing.

(*e*) Make a thorough general inspection of the skin of the entire body. (See Chapter VII.)

(*f*) Observe the conformation of the back, the chest, the abdomen, the neck, buttocks, and the upper and lower extremities. (See Chapters XI, XIII, XVI.)

(*g*) Carefully examine the abdomen for the bulgings of hernia. (See Chapter XIII.)

(*h*) Palpate the testicles.

(*i*) Inspect the genitals and anus while the registrant is stooping forward with the lower extremities separated. The registrant should separate the buttocks with his hands to enable the inspection of the anus to be made. (See Chapter XV.)

(*j*) Have the registrant vigorously exercise all of the joints of the upper and lower extremities, and also move the head in all directions to test the mobility of the joints. (See Chapter X.)

(*k*) Have the registrant bend the body forward, backward, sidewise, and rotate the trunk upon the pelvis, to test the mobility of the spine. (See Chapters VIII, IX.)

(*l*) Especial attention should then be paid to the feet. (See Chapter XI.)

(*m*) Take the weight, the height, and the chest measurements. (See Chapter XII.)

(*n*) Have the registrant put on his drawers, trousers, stockings, and shoes, then proceed to examine the chest. (See Chapters XVII, XVIII.)

III. EYES.

20. *Vision.*—To determine the acuity of vision, place the person under examination with his back to a window at a distance of 20 feet from the test types. **Examine each eye separately, without glasses,** covering the other eye with a card (not with the hand). The applicant is directed to read the test types from the top of the chart down as far as he can see and his acuity of vision recorded for each eye, with the distance of 20 feet as the numerator of a fraction and

the size of the type of the lowest line he can read correctly as the denominator. If he reads the 20-feet type correctly, his vision is normal and recorded 20/20; if he does not read below the 30-feet type, the vision is imperfect and recorded 20/30; if he reads the 15-feet type, the vision is unusually acute and recorded 20/15, etc.

In examining for the Navy or Marine Corps, stand the registrant 15 feet instead of 20 feet from the chart. If he is unable at this distance to read the 20-foot type, his vision is below the standard required for Navy or Marine service.

21. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Normal vision.

(*b*) Minimum vision of 20/100 in one eye and 20/40 in other eye without glasses; or 20/100 in each eye without glasses, if correctable with glasses to 20/40 in either eye.

(*c*) Conditions due to iridectomy or other operation upon the eye if the condition for which the operation was performed has been relieved and the vision is within or above the minimum standard requirements.

(*d*) Slight nystagmus.

(*e*) Slight conjunctivitis.

(*f*) Chronic simple conjunctivitis occurring in regions where trachoma is not prevalent, and if easily remediable.

(*g*) Slight adhesion of the lids to the eyeball.

(*h*) Small pterygium.

(*i*) Slight injection of lids.

(*j*) Ptosis which does not interfere with vision.

(*k*) Strabismus which does not interfere with vision.

(*l*) Color blindness. **(Color blindness should be indicated on Form 1010.)**

22. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service, **unless the degree of disability is obviously disqualifying.**

(*a*) A minimum vision of 20/200 in one eye and 20/40 in other (either right or left) without glasses, or 20/200 in each eye without glasses if correctable with glasses to 20/40 in either eye.

(*b*) Blindness in one eye not due to progressive organic change, with normal vision in other eye without glasses.

(*c*) Chronic conjunctivitis not trachomatous.

(*d*) Inversion of eyelids.

(*e*) Eversion of eyelids.

(*f*) Ptosis interfering with vision.

(*g*) Trichiasis.

(*h*) Epiphora.
(*i*) Chronic blepharitis.
(*j*) Extensive pterygium.
(*k*) Chronic dacryocystitis.
(*l*) Blepharospasm.
(*m*) Superficial corneal ulcer.
(*n*) Acute inflammatory diseases of the eyeball.

23. Registrants who on examination are found with the following defects shall be **unconditionally rejected** for all military service:

(*a*) Total blindness.
(*b*) Vision less than the minimum requirements for special and limited military service.
(*c*) Disfiguring cicatrices of eyes.
(*d*) Lagophthalmus.
(*e*) Pronounced exopthalmus.
(*f*) Chronic keratitis.
(*g*) Chronic recurrent inflammatory diseases of the globe.
(*h*) Deep ulcer of cornea.
(*i*) Any organic disease of the retina, choroid, or optic nerve.
(*j*) Detachment of the retina.
(*k*) Marked nystagmus.
(*l*) Loss or disorganization of either eye with less than normal vision in remaining eye.
(*m*). Glaucoma.
(*n*) Diplopia due to paralysis of the extrinsic ocular muscle.
(*o*) Abnormal conditions of eyes due to diseases of the brain.
(*p*) Malignant tumors of lids or eyeballs.
(*q*) Trachoma.

24. When the physicians of the Local Boards are not supplied with test glasses and there is no opportunity for the Local Boards to secure an examination of the registrants' eyes with test glasses, they should be referred to Medical Advisory Boards, or a specialist member thereof.

25. Local Boards should encourage oculists and aurists to serve as voluntary assistants in the examination of the eyes and ears of registrants.

26. Local Boards shall refer all suspected cases of trachoma to the Medical Advisory Board, or to a member thereof.

VISUAL TESTS FOR THE DETECTION OF MALINGERERS.

27. Malingerers may feign inability to open their eyes, total loss of vision in one or both eyes, or impaired vision in one or both eyes. Occasionally an inflammation in the eyes will be produced by putting sand or other irritating substance under the lids.

28. Malingerers who wish to evade military service by feigning impairment of vision may be divided into two classes, as follows:

(*a*) Those who claim total loss of vision in one eye.

(*b*) Those who claim partial loss of vision in one or both eyes.

Either group may have a normal acuity of vision or may exaggerate a defect actually present.

29. In testing for malingering the medical examiner should bear in mind that detection is more likely to result when the man is allowed to believe that his case is regarded from the first as genuine and that his story is not discredited. There is something indefinable in the bearing of the malingerer which experience alone can detect. He may be self-assertive and overconfident; he may be hesitating or evasive. Careful observation should be made of his conduct and every movement noted. The nature of the man's answer should be taken into account and considered in the light of the kind of reply that is given when a genuine refraction case is being dealt with.

30. The following equipment is necessary:

Trial frame; blank; spherical lenses, +16, +3, +0.25, −3, −2, −1, −0.25.

Two prisms, one 6° and one 10°.

Ophthalmoscope (electric battery in handle).

Condensing lens.

Loupe.

Red and green letters on glass; (*a*) letters varying in size; (*b*) spectacle frame containing red and green glasses.

Special test cards, one a duplicate, with letters reversed to use with a mirror.

Special illiterate test cards.

Mirror, large enough to reflect test cards.

One stereoscope with special card.

Retinoscope (electric, with battery in handle).

Ruler, about 1¼ inches wide.

METHODS OF EXAMINATION.

CLASS A. TOTAL LOSS OF VISION IN ONE EYE.

31. (*a*) A 6° prism base downward is placed before the admittedly sound eye, while the man looks at a distant light or candle. If he sees two candles, binocular vision is proved. The examiner may vary the test by placing the prism before the "blind" eye, either base up or base down.

(*b*) A prism of 10°, with base outward, is placed before the "blind" eye. If there is any sight in this eye, double vision will be produced and the eye will be seen to move inward to correct it and fuse the two images.

(*c*) The alleged "blind" eye is covered; A prism of 10°, with the apex up, is placed before the "seeing" eye in such a position that its

edge lies horizontally across the center of the pupil. This produces monocular diplopia. The prism is then moved upward so as to be completely in front of the good eye and at the same time the "blind" eye uncovered. If diplopia is produced or admitted there is sight in the "blind" eye.

(*d*) Test with colored glasses and letters: This consists in directing the individual to read a row of red and green letters through a red and green glass. The red letters will be invisible to the eye that has the green glass, and vice versa, but if all the letters are correctly read irrespective of their color there must be sight in the "blind" eye. The proper illumination back of the chart must be observed.

(*e*) Test with trial glasses: A high-plus glass is placed before the good eye and a low plus or minus before the "blind" eye. If the distant type is read the vision in the "blind" eye is good.

(*f*) The stereoscopic test: This may be made with ordinary stereoscope, the printed matter so arranged that certain portions of it are not present before one of the eyes.

(*g*) The bar test: Interpose a ruler about $1\frac{1}{4}$ inches wide vertically midway between the two eyes at about 4 to 5 inches distance; direct the man to read from a printed page with lines at least 4 inches long. If able to read the lines, binocular vision exists.

(*h*) The action of the pupil must be carefully tested, there usually being no movement to light stimulation when the eye is blind. If the examiner is not satisfied, the following examination should be made:

Oblique examination: A careful examination of the cornea should be made with the aid of a condensing lens and a loupe.

Ophthalmoscopic examination: A searching examination with the ophthalmoscope should be made, together with an estimation of the refractive error. The pupil should be dilated if necessary.

Class B.—Partial Loss of Vision in One or Both Eyes.

32. The most common manifestation of malingering takes the form of a statement that one eye is imperfect. Men pleading this disability may be divided into two classes: (1) Those who pretend to have a visual defect; (2) those who are aware they have a visual defect and exaggerate its effect.

No hard-and-fast tests can be prescribed for the detection of these cases. Much depends on the alertness and ingenuity of the medical examiner.

The tests with prisms are not applicable here, for there is not pretended blindness in one eye, but simply an alleged diminution of visual acuity.

(*a*) If a room 30 or 40 feet long can be obtained for testing vision, place the registrant suspected of malingering at 30 to 35 feet from the test chart. Direct him to read the letters and note the result. He should then be brought up to 20 feet from the card and retested. If he reads the same line, he is malingering.

(*b*) Mirror tests with special test cards.

Test cards are used which are identical, one having letters reversed. The registrant is directed to read the letters on the chart across the room, and then in a mirror beside it, which reflects reverse letters that are placed over his head. The letters seen in the mirror are located double the distance of the direct letters from the man being examined. The malingerer is apt to read in the mirror the line which he read on the first card, showing that his vision is twice as good as he pretends.

In order to obviate the use of test letters in the mirror test various common objects approximating the size of the 20/40 and 20/30 letters may be used by asking a registrant to differentiate between a dime and penny, a cigarette and pencil, a pen and pencil, the number of spots on playing cards, or between the different aces, held on either side of his head and reflected in the mirror at 20 feet distance.

Trial frame test: Place a trial frame upon the man's face and put before the sound eye a high convex lens (+16D), and before the "blind" eye a plane or weak lens (0.25) which will not interfere with vision. If letters placed at distance of 20 feet are read, the fraud is at once exposed.

(*c*) Oblique examination with condensing lens and loupe to determine corneal or lenticular opacities.

(*d*) Ophthalmoscopic examination: It is probable that the malingerer will resist the ophthalmoscopic examination by frequent winking or rolling of the eyes. In this event it is best to caution the man that a report of his vision must be made, and then to postpone further examination until after the next few registrants have been examined.

(*e*) Estimate the refractive error with the use of the ophthalmoscope. If no error of marked degree exists and the media and fundi are normal, the relation between the alleged vision and the refractive condition furnishes an important clue. If the error is about +4 or −2, the visual acuity could be about 20/100, but when the defect can not be accounted for objectively and the vision is brought from 20/100 to 20/50 or 20/30 by means of a low plus or minus glass, the man is malingering.

(*f*) Retinoscopy: Look for corneal and lenticular opacities and estimate refractive errors.

OCCUPATION.

33. The man's occupation in civil life may have been such that it could not have been followed without more vision than he claims.

In the absence of ocular defects, continuous and persistent blepharospasm, the use of colored glasses, eye shades, or eye bandages should be regarded with suspicion.

DIPLOPIA.

34. Cases of malingering are occasionally met with in which the men complain that they see double. These must be investigated with the application of the ordinary tests as if they were genuine, with every precaution taken to guard against a serious nervous lesion being overlooked.

IV. EARS.

35. *Hearing.*—Place the registrant facing away from the assistant, who is 20 feet distant, and direct him to repeat promptly the words spoken by the assistant. If the registrant can not hear the words at 20 feet, the assistant should approach foot by foot, using the same voice, until the words are repeated correctly. Examine each ear separately, closing the other ear by pressing the tragus firmly against the meatus; the examiner should face in the same direction as the registrant and close one of his own ears in the same way as a control. The assistant should speak in a low conversational voice (not a whisper), just plainly audible to the examiner, and should use numerals, names of places, or other words or sentences until the condition of the applicant's hearing is evident. The acuity of hearing should be expressed in a fraction, the numerator of which is the distance in feet at which the words are heard by the registrant and the denominator the distance in feet at which the words are heard by the normal ear; thus 20/20 indicates normal hearing, 10/20 partial hearing of a degree indicated by the fraction. If any doubt as to the correctness of the answer is given, the registrant should be blindfolded and a watch should be used, care being taken that the individual does not know the distance from the ear at which it is being held. The watch used should be one whose ticking strength has been tested by trial on a normal ear.

36. Registrants who on examination present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Normal hearing.

(*b*) Hearing in each ear of 10/20 or better.

37. Registrants who on examination present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(*a*) Deafness in one ear with normal hearing in the other ear.

(*b*) Hearing in one or both ears less than 10/20 but more than 5/20.

(*c*) Perforation of membrana tympani without discharge, definitely determined by otoscopy.

(*d*) Loss of one or both external ears, if the registrants have followed a useful vocation in civil life and the deformity is not too greatly disfiguring.

38. Registrants who on examination present the following defects shall be unconditionally rejected for all military service:

(*a*) Hearing in one or both ears of less than the minimum hearing required for special and limited military service. (See 37 (*b*).)

(*b*) Chronic purulent otitis media, with or without mastoiditis.

39. The Local Boards shall refer to the Medical Advisory Boards, or to a specialist member thereof, all registrants who are found giving a history of chronic discharge, or have a chronic discharge of the middle ear or ears, or whose hearing is in doubt.

TESTS FOR MALINGERING IN HEARING.

40. Individuals who are malingerers in regard to hearing usually claim magnifications of slight imperfections on one side with a complaint of past trouble. Exaggeration of defects in hearing extends usually to declarations of total deafness on one side.

41. The following directions should be observed in examining suspected malingerers:

(*a*) In making these examinations the observer should have a skilled assistant and all communications between them should be in a low whispered voice.

(*b*) The assistant should stand at the back of the patient and should at the direction of the examiner obstruct the ears of the suspect as directed, by pressing the tragus firmly into the auditory meatus.

(*c*) The suspected malingerer should be placed in the center of the room, free from all obstructions. His eyes should be securely and completely blindfolded.

(*d*) An accurate notation should be made of which ear is deaf as claimed by the registrant. Then a critical examination of the auditory canal, membrana tympani, and for the patulency of the Eustachian tubes should follow.

(*e*) Then an accurate test of the normal ear should be made. Care should be exercised not to allow the suspect to hear figures or other signs as to the result of examination.

(*f*) If the suspect gives markedly conflicting statements when the normal ear is tightly plugged as to the distance at which he hears the voice or accumeter, it is fair to assume he is a malingerer.

(*g*) The simplest and most available test for malingering is the use of an ordinary binaural stethoscope. One earpiece, the one to be applied to the normal ear, is packed tightly with a wad of absorbent cotton, and the earpieces are placed in the suspect's ears. The examiner speaks in a soft tone or counts into the bell-shaped chest portion of the stethoscope, and the suspect is told to repeat what he hears. The tubes are removed from the ears, and the assistant is told to stop the normal ear. The same words or numerals are again repeated. The suspect will now claim failure to hear the words or numerals which he had previously heard through the tube with the ear stated to be deaf.

(*h*) Erhard's test is another simple method for malingerers which requires no special apparatus. If the external auditory canal of a normal ear is tightly packed with absorbent cotton, it will still conduct sound waves to a limited degree; a loud-ticking watch even under these circumstances being heard about 1 or 2 meters. The suspect has his ear which is stated to be deaf stopped, and then the test is made with the hearing of the normal ear. the suspect being told to count the ticks of the watch. The suspect's normal hearing ear is then stopped and the testing is made with the supposed deaf ear. Under this test, if he claims failure to hear the watch under 1 meter, he is malingering.

(*i*) The Chiman-Moos test is made with the C2 tuning fork. The vibrating tuning fork is held at equal distances from each ear. The suspect may claim that he hears it better in the normal ear. The vibrating tuning fork is then placed on the vertex of the skull. The suspect hearing it equally well in both ears will at first hesitate and then state he hears it better in the normal ear. In diseases of the conducting apparatus he should hear it better in the diseased ear. If, now the external meatus of the normal ear is tightly closed and the vibrating tuning fork is placed upon the vertext of the skull, the individual with the diseased ear will state he hears it better in the normal closed ear; or, it may be impossible for him to decide in which ear he perceives the tone better. The suspect, with the normal ear tightly obstructed, will state that he does not perceive the sound of the fork when thus placed on the vertex of the skull.

V. MOUTH, NOSE, FAUCES, PHARYNX, LARYNX, TRACHEA, AND ESOPHAGUS.

42. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Normal conditions of the mouth, nose, fauces, pharynx, larynx, trachea, and esophagus.

(*b*) Enlarged tonsils.

(*c*) Adenoids.

(*d*) Small benign tumors of the nasal and buccal mucous membrane.

(*e*) Deviation of the nasal septum which does not seriously interfere with nasal breathing.

(*f*) Acute primary sinusitis provided the acceptance of the registrant is temporarily deferred for reexamination, if after a reasonable time the sinusitis has disappeared.

(*g*) Laryngitis manifested by hoarseness, laryngeal cough, and congestion of the vocal chords, confirmed by laryngoscopy.

(*h*) Paralysis of the vocal chords, if it appears to be temporary in character.

(*i*) Aphonia without objective findings by laryngoscopy or other measures, and which in the opinion of the examiners is due to functional nervous conditions.

(*j*) Alleged stricture of the esophagus which is unattended by evidence of organic disease of the eosophagus as shown by the passage of a stomach tube or an esophageal bougie, or by a fluoroscopic examination while the registrant is swallowing a bismuth mixture.

43. Registrants who on examination present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

(*a*) Deviation of the nasal septum, though it markedly interferes with nasal breathing.

(*b*) Paralysis of the vocal chords, and which does not appear temporary in character, if it permits the registrants to follow a useful vocation in civil life.

(*c*) Aphonia, with attendant conditions, which disqualify for general military service, if they have followed a useful vocation in civil life.

(*d*) Partial ankylosis of the lower jaw.

(*e*) Perforation of the hard palate.

(*f*) Moderate deformity of the structures of the mouth which does not seriously interfere with mastication or speech.

44. Registrants who on examination present the following defects shall be unconditionally rejected for all military service:

(*a*) Irremediable deformities of the mouth, throat, and nose which interfere with the mastication of ordinary food, with speech, or with breathing.

(*b*) Tuberculosis of the structures of the mouth, larynx, fauces, nose, or esophagus.

(*c*) Cancer of the structures of the mouth, nose, throat, larynx, or esophagus.

(*d*) Destructive syphilitic diseases of the mouth, nose, throat, larynx, or esophagus.

(*e*) Laryngeal paralysis, due to pressure from aneurysm or tumor.

(*f*) Permanent tracheostomy.

(*g*) Stricture of the esophagus.

(*h*) Permanent gastrostomy.

(*i*) Chronic sinusitis of the accessory sinuses of the nose. (The diagnosis should be established upon chronic nasal discharge, presence of large nasal polypi, and other signs and symptoms reinforced by transillumination or X-ray plate, or both.

(*j*) Chronic atrophic rhinitis with offensive odor. (Ozena.)

45. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects of the mouth, nose, fauces, pharynx, larynx, or esophagus, they should be referred to the Medical Advisory Boards, or to a member or members thereof.

46. Medical Advisory Boards should make use of laryngoscopy, transillumination of the head, and X-ray plates, when available, to determine more definitely the physical fitness of registrants who have defects involving the upper air passages, head, or esophagus.

VI. DENTAL REQUIREMENTS.

47. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Normal teeth.

(*b*) A minimum of three serviceable natural masticating teeth above and three below opposing and three serviceable, natural incisors above and three below opposing. (Therefore, the minimum requirements consist of a total of six masticating teeth and of six incisor teeth. All of these teeth must be so opposed as to serve the purpose of incision and mastication.)

48. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited military service**:

(*a*) Dental defects which are greater than the minimum dental requirements for general military service.

DEFINITIONS.

49. (*a*) The term "masticating teeth" includes molar and bicuspid teeth, and the term "incisors" include incisor and cuspid teeth.

(*b*) A natural tooth which is carious (one with a cavity) which can be restored by filling is to be considered as a natural serviceable tooth.

(*c*) Teeth which have been (see (*b*)) restored by crowns or dummies attached to fixed bridge work, if well placed, shall be considered as serviceable natural teeth, when the history and the appearance of these teeth is such as to clearly warrant such assumption.

(*d*) A tooth is not to be considered a serviceable, natural tooth when it is involved with excessively deep pyorrhea pockets or when its root end is involved with a known infection that has or has not an evacuating sinus discharging through the mucous membrane or skin.

50. Physicians and dentists of Local Boards and Medical Advisory Boards are urged to advise and to aid registrants with remediable carious teeth and infected dental roots and other dental defects, to have them remedied pending orders.

51. Instruct them that all hopelessly diseased teeth should be extracted. Chronic focal infections involving the teeth and jaws should be eradicated and all tooth cavities should be filled. This preliminary remediable dental work will greatly assist the dentists of the cantonments in completing the routine necessary dental work. The correction of the focal infection about the mouth will protect the registrants from possible systemic complications which are liable to occur under the strain of military training.

52. When the physicians of the Local Boards are in doubt concerning dental defects of registrants, they should refer them to the Medical Advisory Boards, or to a specialist member thereof.

VII. SKIN.

53. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

(*a*) Normal skin.

(*b*) Acute diseases of the skin which ordinarily run a temporary course.

(*c*) Diseases which are trivial in character and which do not interfere with the general health and are not incapacitating. Among these common and usually trivial diseases may be enumerated:

Acne.

Anomalies of pigmentation.

Scars not extensive, disfiguring, nor incapaciting in character.

Condylomata which are not extensive.

Staphylococcic and streptococcic skin infections.

Acute eczemas.

Naevi which are not greatly disfiguring.

All forms of pediculosis.

All forms of ringworm.

Scabies.

Mild and not extensive psoriasis.

Warts.

The secondary syphilitic lesions of the skin.

Registrants who are accepted for general military service with temporary remediable defects in the form of parasitic and other communicable diseases of the skin should have this fact noted in Form 1010. (See Section 5.)

54. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(*a*) Simple ulcers or other defects of the skin which are curable. (See Par. 75 (*s*).)

(*b*) Defects due to diseases of the skin, either acute or chronic, which disqualify for general military service, if the registrants have successfully followed a useful vocation in civil life.

55. Registrants who on examination present the following defects of the skin shall be **unconditionally rejected** for all military service:

(*a*) Long existing skin diseases or long existing ulcers of the skin which are so severe, or so disfiguring as to incapacitate the registrant for the duties of a soldier, or so disfiguring as to render the registrant objectionable in common social intercourse.

(*b*) Actinomycosis.

(*c*) Dermatitis herpetiformis of long duration.

(*d*) Epidermolysis bullosa.

(*e*) Forms of universal dermatitis of long duration.

(*f*) Glanders.

(*g*) Idiopathic multiple hemorrhagic sarcoma.

(*h*) Mycosis fungoides.

(*i*) Pemphigus chronicus of long duration.

(*j*) Pemphigus foliaceous.

(*k*) Pemphigus vegetans.

(*l*) Cancer, including pigmented moles undergoing degeneration.

(*m*) Lupus.

(*n*) Syphilitic lesions ulcerative in character showing much destruction of tissue which if healed would be unsightly or so scarring as to incapacitate the registrants for military service.

56. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects due to diseases of the skin, they should refer them to the Medical Advisory Boards.

VIII. HEAD.

57. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Normal skull.

(*b*) Moderate deformities of the bones of the skull of the character of depressions, exostoses, etc., and unassociated with evidence of disease of the brain, spinal cord, or peripheral nerves, and which would not prevent the registrant from wearing military headgear.

(*c*) Defects which are apparently temporary in character due to recent injuries. (This includes contusions and other wounds of the scalp and concussion. Registrants with these defects should have the final examination temporarily deferred.)

58. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(*a*) Decompression operation of the skull unassociated with marked bulging at the site of operation.

59. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Deformities of the skull of the nature of depressions, exostoses, etc., of a degree which will prevent the registrants from wearing military headgear.

(*b*) Deformities of the skull of any degree associated with evidences of disease of the brain, spinal cord, or peripheral nerves.

IX. SPINE.

60. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Normal spine.

(*b*) Lateral curvature of the spine of 2 inches or less from the normal mid line, if the mobility and weight-bearing power are good.

(*d*) Temporary defects in the form of recent contusions or sprains of the spinal column.

(*e*) Pilo-nidal sinus (this usually presents itself in the region between the coccyx and anus) if unattended with disease of the bone as shown by an X-ray plate.

(*c*) Fracture of the coccyx.

61. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(*a*) Lateral deviation of the spine from the normal mid line of more than 2 inches and less than 3 inches.

(*b*) Nontuberculous diseases of the spine which are unassociated with such rigidity that the registrant has been incapacitated from following a useful vocation in civil life.

(*c*) Fracture of the spine or pelvic bones which have healed without defects and which have not interfered with their following a useful vocation in civil life.

62. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Extensive disease of the vertebræ.

(*b*) Tuberculosis of any portion of the vertebral column.

(*c*) Abscess of the spinal column.

(*d*) Osteoarthritis, partial or complete, of the spinal column.

(*e*) Healed fractures of the vertebræ or pelvic bones with associated disqualifying rigidity.

(*f*) Lateral deviation of the spine from the normal mid line of more than 3 inches.

63. **When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from deformities and diseases of the spine, they shall refer them to the Medical Advisory Boards, or to a member or members thereof.**

64. **Registrants who appear for examination wearing a plaster jacket should be referred to the Medical Advisory Boards, or to a member or members thereof. The jacket should not be removed until provision shall have been made for its reapplication.**

65. **When the physicians of the Medical Advisory Boards are in doubt concerning the cause and the extent of the diseases of the vertebræ, an X-ray plate of the spine should be made.**

SACRO-ILIAC AND LUMBO-SACRAL JOINTS.

66. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Normal sacro-iliac and lumbo-sacral joints.

(*b*) Complaint of disease of the sacro-iliac and lumbo-sacral joints which is unassociated with objective signs and symptoms at the first examination and which, on reexamination, after a reasonable period of time, is again found negative.

67. Registrants who on examination are found to present the following defect, if otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(*a*) Disease of the sacro-iliac and lumbo-sacral joints of a degree which disqualifies for general military service, if otherwise mentally and physically fit and if the registrants have followed a useful vocation in civil life.

68. Registrants who on examination are found to suffer from the following defect shall be **unconditionally rejected** for all military service:

(*a*) Disease of the sacro-iliac and lumbo-sacral joints which is of a chronic type and is obviously associated with pain referred to the

lower extremities, muscular spasm, postural deformities, and limitation of motion in the lumbar region of the spine.

69. When Local Boards are in doubt concerning the physical fitness of registrants who suffer from disease or other defects of the sacro-iliac or lumbo-sacral joints, they shall be referred to the Medical Advisory Boards, or to a member or members thereof.

X. SCAPULAE.

70. Registrants who on examination are found to present the following conditions, if otherwise physically and mentally fit, shall be unconditionally accepted for general military service:

(*a*) Normal scapulae.

(*b*) Prominent scapulae due to other causes than paralysis.

71. Registrants who on examination are found to present the following defect shall be unconditionally rejected for all military service:

(*a*) Prominent scapulæ due to paralysis.

XI. THE EXTREMITIES.

72. Registrants who on examination are found to present the following conditions shall be unconditionally accepted for general military service:

(*a*) Normal upper and lower extremities with normal function.

(*b*) Ancient or recent fractures which have healed spontaneously with no resulting impairment of function.

(*c*) Paralysis of a muscle or group of muscles that does not interfere with function. (See Section 128.)

(*d*) Benign tumors of bone or defects due to their removal when the condition does not interfere with the function of the extremity or the joint involved.

(*e*) Recent injury of a bone or joint with or without fracture or dislocation which in the opinion of the examiners is only temporarily incapacitating. (Registrants with these defects should be given a period of time not less than six weeks for recovery before the final examination is made.)

(*f*) Defects of bone or joint due to healed tuberculosis when the tuberculosis has not shown evidence of activity at any time during the period of 10 years immediately preceding the examination.

(*g*) Absent left thumb.

(*h*) Loss of one finger of either hand, with the exception of the right index finger.

(*i*) Scars and deformities of moderate degree of the hand or hands which do not interfere with normal function.

(*j*) Stiff fingers of a degree not to interfere with function.

(*k*) A low or even absent longitudinal arch if the foot is otherwise practically normal in shape, flexibility, and weight-bearing capacity.

(*l*) Slight hallux valgus which is unassociated with exostoses or bunion of any size.

(*m*) Clubfoot of slight degree if the deformity has been corrected to the degree that the tarsus, metatarsus, and phalanges are flexible and the condition permits the wearing of a military shoe.

(*n*) Slight claw toes not involving obliteration of the transverse arch and which do not interfere with the wearing of a military shoe.

(*o*) Hammer toe which is flexible and which does not interfere with the wearing of a military shoe. (Hammer toe usually involves the second digit and unless it is rigid is not a disqualifying defect.)

(*p*) Absence of one or two of the small toes of one or both feet if the function of the foot is good.

(*q*) Ingrowing toenails.

73. Registrants who on examination present the following remediable defects, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:

(*a*) Ununited fractures if in the judgment of the examiners they are remediable with resulting good function.

(*b*) Benign tumors of bone or joint which interfere with function and which in the judgment of the examiners are remediable.

(*c*) Other defects which in the opinion of the examiners are disqualifying but remediable.

74.. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service, **unless the degree of disability is obviously disqualifying:**

(*a*) Loss of thumb or index finger of right hand.

(*b*) Loss of two fingers of either hand, including the right index finger.

(*c*) Web fingers.

(*d*) Ganglion and other benign tumors of the hand or fingers.

(*e*) Moderate deformities of one or both upper extremities which do not and have not interfered with function to a degree to prevent the registrant from following a useful vocation in civil life.

(*f*) Internal derangement of the knee joint.

(*g*) Abduction and pronation (knock-ankle) when this condition is not associated with rigidity of the tarsal joints or with deformity of the foot. (This defect is remediable with proper foot exercises and with correct shoes.)

(*h*) Loss of great toe.

(*i*) Loss of dorsal flexion of great toe.

(*j*) Hammer toe with rigidity.

(*k*) Web toes.

(*l*) Other defects of the foot which disqualify for general military service but do not prevent the registrant from wearing a military shoe and which have not prevented him from following a useful vocation in civil life.

(*m*) Moderate deformities of one or both lower extremities which do not and have not interfered with function to a degree to prevent the registrant from following a useful vocation in civil life.

(*n*) Adherent scars of the skin and soft tissues of an extremity.

(*o*) Paralysis of a muscle or group of muscles that interferes with function. (See Section 128.)

75. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Loss of both thumbs.

(*b*) Loss of more than two entire fingers of one hand.

(*c*) Extensive disease of long duration of one or more of the large joints with or without sinuses.

(*d*) Tuberculosis of a bone or joint. (The diagnosis should be based upon the presence of swelling, tenderness, muscular spasm, restriction of joint motion, and the evidence of bone destruction shown by an X-ray plate.)

(*e*) A history of tuberculosis of a bone or joint when the tuberculosis has been active at some time during the period of 10 years prior to the examination.

(*f*) Old, irremediable, ununited fractures or united fractures with deformity sufficient to interfere markedly with function.

(*g*) Malignant tumors.

(*h*) Extensive disease of long duration involving a number of joints of the upper and lower extremities.

(*i*) Old, unreduced dislocations which have interfered with the registrant following a useful vocation in civil life.

(*j*) Disease of the shoulder, elbow, or wrist with resulting limitation of motion.

(*k*) Disease of bone or joint healed with such resulting deformity that the function is disturbed to a degree that it will interfere with military service.

(*l*) Muscle paralysis or contraction which disturbs function to the degree of interference with military service.

(*m*) Excessive curvature of the bones of the forearm or arm which would interfere with military drill.

(*n*) Excessive curvature of the bones of the leg or thigh.

(*o*) Excessive knock-knee.

(*p*) Excessive bow legs.

(*q*) Adherent scars of skin or soft tissue to a degree which seriously interferes with function.

(*r*) Excessive varicose veins.

(*s*) Varicose veins of any degree associated with edema or ulcer of the skin.

(*t*) Absent longitudinal arch of the foot associated with one or more of the following conditions:

Limitation of dorsal flexion.

Rigid metatarsal and subastragaloid joints.

Rigid toes.

Marked pronation.

Prominent scaphoid associated with other disabling foot conditions.

(*u*) Rigidity of the tarsus and metatarsus due to former infectious processes, with or without flat foot.

(*v*) Obliteration of the transverse arch associated with permanent flexion of the small toes (claw toes).

(*w*) Prominence of the plantar surface of the transverse arch especially when associated with large callosities.

(*x*) Abnormal flaccidity of the foot and toes when associated with evident severely painful symptoms.

(*y*) Abduction and pronation (knock-ankle) when associated with rigidity of the tarsal joints and painful symptoms.

(*z*) Hallux valgus if severe and associated with exostoses or a bunion of any considerable size, especially when there are signs of irritation about the joint.

(*aa*) Club foot, if correction of the condition has not been sufficient to meet the standard requirements. (See par. 72 (*m*).)

(*bb*) Disease of the bone or of the hip, knee, or ankle joint which seriously interferes with function and weight-bearing power.

(*cc*) Deformities due to fracture or other injury which seriously interfere with function and weight-bearing power.

(*dd*) Sciatica, which is apparently intractable and disabling, to the degree of interference with the function of walking and weight-bearing power.

(*ee*) Amputations of extremities in excess of those already cited. (See par. 4 (*f*).)

76. The selection of registrants with defects of the feet for special or limited military service must be left to the judgment of the physicians of the Local Boards and Medical Advisory Boards.

77. It is extremely important that registrants with defects of the feet which are not remediable by training and which prevent the inducted men from taking proper training, should not be accepted for general military service. It is quite as important that defects of the feet, which are not disabling, should not be considered disqualifying for general military service.

XII. HEIGHT, WEIGHT, AND CHEST MEASUREMENTS.

78. Table of standard accepted measurements of height, weight, and circumference of chest. (See Section 5.)

A. *Standard accepted measurements.*

Height.	Weight.	Chest measurement.	
		At expiration.	Mobility.
Inches.	*Pounds.*	*Inches.*	*Inches.*
60	120	31	2
61	120	31	2
62	120	31	2
63	124	31	2
64	128	32	2
65	130	32	2
66	132	32½	2
67	134	33	2
68	141	33¼	2½
69	148	33½	2½
70	155	34	2½
71	162	34¼	2½
72	169	34¾	3
73	176	35¼	3
74	183	36½	3
75	190	36¾	3¼
76	197	37¼	3½
77	204	37½	3¾
78	211	38¼	4

B. *The following variations from the standard shown in column A are permissible when the applicant is active, has firm muscles, and is evidently vigorous and healthy.*

Height.	Weight.	Chest measurement.	
		At expiration.	Mobility.
Inches.	*Pounds.*	*Inches.*	*Inches.*
60	110	30	2
61	110	30	2
62	110	30	2
63	116	30	2
64	120	30	2
65	120	30	2
66	120	30¼	2
67	120	30½	2
68	121	30¾	2
69	124	31	2.
70	128	31¼	2
71	133	31¾	2
72	138	32¼	2½
73	143	32¾	2½
74	148	33½	2¾
75	155	34¼	2¾
76	161	34¾	2¾
77	168	35½	3
78	175	35¾	3

79. *Directions for taking height.*—Use a board at least 2 inches wide by 80 inches long, placed vertically, and carefully graduated to one-quarter inch between 58 inches from the floor and the top end. Obtain the height by placing vertically in firm contact with

the top of the head and against the measuring rod an accurately squared board of about 6 by 6 by 2 inches—best permanently attached to graduated board by a long cord. The registrant should stand erect with back to the graduated board, eyes straight to the front.

80. Registrants who on examination present the following conditions, if otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service.

(*a*) Those who fall within the accepted standards (A) or minimum requirements (B) for height, weight, and chest measurement given in tables, paragraph 78.

(*b*) Those whose weight is greater than the standards indicated for the height (A) provided the overweight is not so excessive as to interfere with military training.

81. Registrants who on examination are found to present conditions not within the accepted measurements for weight and chest circumference and mobility given in the table, who are otherwise mentally and physically fit, may be accepted for **special or limited** military service. But **no registrant may be accepted whose weight is less than 110 pounds.**

82. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Less than 60 inches in height.

(*b*) Less than 110 pounds in weight.

(*c*) With a chest measurement of less than 30 inches and chest mobility of less than 2 inches.

(*d*) A height of more than 78 inches.

(*e*) Overweight which is greatly out of proportion to the height, if it interferes with normal physical activity or with proper training.

83. Local Boards should refer to the Medical Advisory Boards the following registrants:

(*a*) Registrants who on examination are found to be apparently slightly under the minimum requirements for weight and chest measurements **in their relation to the height.**

(*b*) Registrants of 76 inches or more in height who should be studied for the possibility of gigantism or acromegaly.

(*c*) Registrants who are obese.

(*d*) Registrants whose weight is slightly under the minimum with respect to height, in whom the defect is due to recent illness or to employment and environment of civil life and may be considered remediable by camp life.

(*e*) Registrants whose chest mobility is less than 2, 2½, or 3 inches, respectively, as per the table, that they may be further studied to

ascertain if the lack of required chest mobility is due to ignorance or to lack of practice.

84. Physicians of Local Boards and Medical Advisory Boards should use discretion and judgment in accepting registrants with slight variations in the ratio of height, weight, and chest measurements indicated in the table. Minimum and maximum height are absolute, but when the weight is disproportionate and is believed to be due to some temporary condition, proper allowance may be made, provided it is the opinion of the boards that the variation is correctable with proper food and physical training. But no registrant may be accepted whose weight is less than 110 pounds.

XIII. ABDOMEN.

85. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

(*a*) Normal abdominal wall and abdominal organs.

(*b*) Abdominal scars due to surgical operation or accident which show no hernial bulging at site of scars.

(*c*) Scar pain when found not associated with any disturbance of function of abdominal wall, stomach, or bowels.

(*d*) Jaundice when this is proved to be of a temporary character and not associated with organic disease of the gall tracts or liver, by observation and reexamination of the registrant over a period of one month.

(*e*) Complaint of weak stomach, indigestion, dyspepsia, constipation, belching, vomiting, and various other types and degrees of abdominal discomfort which are proven by examination not to be associated with organic disease, by the absence of the usual objective symptoms and signs and by such laboratory tests as may be employed.

(*f*) Blood in stools if proved to be due to slight defects, such as fissures of the anus, small hemorrhoids, or superficial small ulcers of the rectum.

(*g*) Moderate enlargement of the liver unassociated with other objective evidence of disease of the liver or other organs.

(*h*) Splenic enlargement of moderate degree unassociated with evidence of other disqualifying disease.

(*i*) Moderate enlargement of the spleen due to malaria.

(*j*) Small benign tumors of the abdominal wall.

(*k*) Ptosis of the stomach and bowels unassociated with objective evidence of disturbance of function of the gastrointestinal tract. (Individuals who have ptosis of the stomach and bowels usually complain of constipation, belching of gas, heaviness in abdomen after meals, and numberless symptoms referable to the heart and nervous apparatus.)

(*l*) Mucous colitis of simple character.

(*m*) Proctitis of simple character confirmed by proctoscopy, which is not associated with ulceration of the mucous membrane.

(*n*) Intestinal parasites or their eggs in the stools.

(*o*) Internal and external hemorrhoids without prolapse of rectum.

86. Registrants who on examination are found to present the following remediable defect, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:

(*a*) Partial obstruction of the bowel not due to organic disease.

87. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service, **unless the degree of disability is obviously disqualifying:**

(*a*) Hernia—inguinal, femoral, umbilical, and postoperative.

(*b*) Large benign tumors of the abdominal wall.

(*c*) Jaundice which persists beyond a period of one month and is determined at the final examination to be remediable.

(*d*) Internal hemorrhoids with prolapse and hemorrhage.

(*e*) Proctitis associated with remediable ulcers.

(*f*) Amebic dysentery.

(*g*) Simple fistula in ano.

(*h*) Ptosis of the stomach and bowels associated with disqualifying conditions for general military service, but which permit the registrants to follow a useful occupation in civil life.

88. Registrants who on examination present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Inoperable hernia.

(*b*) Irremediable diseases of the stomach.

(*c*) Irremediable diseases of the bowels.

(*d*) Irremediable diseases of the liver.

(*e*) Irremediable diseases of the kidney.

(*f*) Achylia gastrica.

(*g*) Gastric succorrhea.

(*h*) Syphilis of the liver.

(*i*) Hydatids of the liver.

(*j*) Ulcer of the stomach or duodenum.

(*k*) Obstruction of the bowel due to organic disease.

(*l*) Chronic gastritis secondary to organic disease of other organs.

(*m*) Irremediable sinuses of the abdominal wall communicating with the hollow viscera.

(*n*) Tuberculosis.

(*o*) Irremediable stricture of the rectum.

(*p*) Multiple fistulæ of the anus.

(*q*) Schistosomum disease (blood flukes).

(*r*) Enlargement of the spleen associated with leukemia, Hodgkin's disease, or splenic anemia.

(*s*) Great enlargement of the spleen from any cause.

(*t*) Large internal and external hemorrhoids associated with prolapse of the rectum.

(*u*) Paralysis of the sphincter associated with incontinence of feces.

89. When the physicians of Local Boards are in doubt concerning the physical fitness of registrants who present defects of the abdominal wall or abdominal organs, they shall refer them to the Medical Advisory Boards, or to a member or members thereof.

90. When necessary to confirm a diagnosis, Medical Advisory Boards should, when possible, avail themselves of fluoroscopy and X-ray plates when examining registrants with defects of the abdominal wall or abdominal organs.

91. When the Medical Advisory Boards, or their members, are able to command hospital facilities and the necessary diagnostic appratus, they should, within their discretion, use test meals and chemical and microscopic examination of the stomach contents and stools.

92. Physicians of Local Boards and Medical Advisory Boards should make use of digital rectal examination of defects referable to that region, and when necessary proctoscopy should also be utilized.

93. Registrants who are found to have parasites or their eggs in stools should have this condition indicated on Form 1010.

94. Moderate impulse produced by cough at the inguinal, femoral, or umbilical rings, or at the site of a scar is not necessarily indicative of hernia.

XIV. NECK.

95. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

(*a*) Normal neck.

(*b*) Nonspastic contraction of the muscles of the neck which is not of great degree and will not prevent the wearing of a uniform or military equipment.

(*c*) Simple goiter or benign thyroid tumors unassociated with toxic symptoms provided the enlargement of the thyroid will not interfere with the wearing of a uniform or military equipment.

(*d*) Benign tumors and cysts of the neck which will not interfere with the wearing of a uniform or military equipment.

(*e*) Small, benign tumors of the parotid gland which will not interfere with the wearing of a uniform or military equipment.

(*f*) Enlarged lymph glands of the neck which apparently do not interfere with the general health and which are not large enough to interfere with the wearing of a uniform or military equipment.

96. Registrants who on examination are found to present the following remediable defects, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group.

(*a*) Simple goiter or benign tumors unassociated with toxic symptoms but so large as to interfere with wearing a uniform or military equipment.

(*b*) Enlarged lymph glands of the neck which are so large as to interfere with wearing a uniform or military equipment.

(*c*) Benign tumors and cysts of the neck which are so large as to interfere with the wearing of a uniform or military equipment.

(*d*) Large benign tumors of the parotid gland which, in the opinion of the examiners, may be removed without permanent paralysis of the seventh nerve.

97. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Exophthalmic goiter.

(*b*) Thyroid enlargement from any cause associated with toxic symptoms.

(*c*) Enlargement of the lymph glands of the neck associated with all clinical types of leukemia and Hodgkin's disease.

(*d*) Lympho-sarcoma.

(*e*) Tuberculous glands.

(*f*) Malignant tumors.

(*g*) Myxedema.

(*h*) Nonspastic contraction of the muscles of the neck which is disfiguring and unsightly or interferes with wearing a uniform or military equipment.

(*i*) Spastic contraction of the muscles of the neck.

98. When Local Boards are in doubt concerning the physical fitness of registrants who present defects of the neck, they should refer them to the Medical Advisory Boards, or to a member or members thereof.

99. The physicians of Local Boards and the Medical Advisory Boards should reject all registrants who, after careful study, are proved to suffer from thyroid toxic symptoms.

XV. GENITO-URINARY ORGANS AND VENEREAL DISEASES.

100. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Gonorrhea, acute or chronic, uncomplicated. (See Section 5.)

(*b*) Syphilis with remediable manifestations. (See Section 5.)

(*c*) Chancroids and the resulting infection of the lymph glands of the groin. (If, in the opinion of the examiners, registrants suffering from this defect are in a condition which would make it unsafe to themselves and to other soldiers in the cantonment, their induction should be temporarily deferred until the condition is improved.) (See Section 5.)

(*d*) Gonorrheal arthritis which is determined to be temporary in character and not of itself disqualifying. (See Section 5.)

(*e*) Moderately movable kidney. (By this is meant a kidney which upon deep inspiration may be palpated below the costal margins and which is not loose within the abdominal cavity.

(*f*) Albuminuria with or without casts which is proved by observation and repeated examination to be temporary in character.

(*g*) Absence of one or both testicles due to removal or atrophy.

(*h*) Acute cystitis which has proved to be of a temporary character by observation and repeated examination over a period not to exceed six weeks.

(*i*) Phimosis with or without adhesions of the mucus surfaces.

(*j*) Benign warts and other benign growths of the glans penis and of the prepuce.

(*k*) Amputation of the penis if a sufficient amount of the organ remains so as not to interfere with the function of micturition. (Care should be taken to fully examine registrants who present evidence of a recurrence of a disqualifying disease for which the amputation was made.)

(*l*) Varicocele of moderate size.

(*m*) Hydrocele of moderate size.

(*n*) Undescended testicle which lies within the abdominal cavity.

101. Registrants who on examination are found to present the following remediable defects, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:

(*a*) Cystitis, chronic, severe, which is remediable within the judgment of the examiners.

(*b*) Pyelitis which has been verified by cystoscopy and is deemed remediable by the examiners.

(*c*) Hydrocele of very large size.

(*d*) Chronic gonorrheal vesiculitis or prostatitis.

102. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(*a*) Stricture of the urethra.

(*b*) Renal or ureteral calculus verified by an X-ray plate and with no evidence of disease of the kidneys.

(*c*) Benign tumor of the testicles.

(*d*) Cystitis, subacute or chronic, of mild grade.

(*e*) Benign tumor of the bladder.

(*f*) Varicocele of large size.

(*g*) Hydrocele, unless of very large size.

(*h*) Floating kidney. (By floating kidney is meant one which is freely movable within the abdominal cavity.)

(*i*) Undescended testis which lies within the inguinal canal.

(*j*) Removal of one kidney, the remaining one being healthy.

(*k*) Bed wetting.

103. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Chronic nephritis. (This should be evidenced by the presence in the urine of albumin and casts with or without blood, over a period of time sufficient to prove the persistency of the urinary findings. The examiners should require the registrants to void the urine during the period of the examination and in the presence of the physicians.) When albumin and casts are found in the urine the registrants should be reexamined not less than twice on separate days. If the urine shows albumin and casts with or without blood and this condition of the urine is associated with enlargement of the left heart, high blood pressure, and other evidences of cardio-vascular disease, the diagnosis of chronic nephritis may be made immediately. If the presence in the urine of albumin and of casts with or without blood is proved to be inconstant and if the condition is unassociated with the cardio-vascular conditions mentioned, decision should lie within the judgment and discretion of the examiners.

(*b*) Diabetes, evidenced by the presence of glucose in the urine. (Reexamination of the urine of registrants which on the first examination is found to contain glucose should be made over a period of two or three days. The registrants should void the urine in the presence of the physicians.)

(*c*) Irremediable stricture of the urethra.

(*d*) Urinary fistula.

(*e*) Gonorrheal arthritis which is of itself disqualifying.

(*f*) Surgical kidney with or without renal calculus.

(*g*) Irremediable pyelitis.

(*h*) Cancer.

(*i*) Hydronephrosis.

(*j*) Tumors of the kidney.

(*k*) Tuberculosis of the kidney, ureter, bladder, seminal vesicles, or testicles.

(*l*) Acute nephritis which is proved by observation and reexamination not to be temporary in character.

(*m*) Chronic cystitis associated with retention of urine caused by stricture of the urethra or by disease of the central nervous system.

(*n*) Amputation of the penis if the resulting stump is insufficient to permit of normal function of micturition.

104. When Local Boards are in doubt concerning the physical fitness of registrants who present defects of the genito-urinary apparatus, they shall refer them to the Medical Advisory Boards, or to a member or members thereof.

105. When it is deemed necessary, Local Boards and Medical Advisory Boards should take advantage of cystoscopy and X-ray examination to verify diagnosis of defects of the genito-urinary organs.

106. Physicians of Local Boards and Medical Advisory Boards should advise and aid registrants who suffer from gonorrhea, syphilis, and chancroid and temporary remediable defects of the skin to secure proper treatment pending induction.

XVI. MENTAL AND NERVOUS DISEASES.

107. Registrants who on examination show the following conditions shall be unconditionally accepted for general military service:

(*a*) A normal nervous system.

(*b*) Who appear to have normal understanding, whose speech can be understood, who have no definite signs of organic disease of the brain, spinal cord, or peripheral nerves, and who are otherwise mentally and physically fit.

(*c*) Hysterical paralysis or hysterical stigmata and local muscular spasms which do not cause mental or physical defects disqualifying for general military service.

(*d*) Muscular tremors of moderate degree.

108. Registrants who on examination are found to suffer from the following condition, who are otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group:

(*a*) Drug addiction, including the habitual use of opium and its derivatives and cocaine.

109. Registrants who on examination are found to suffer from the following defects of the nervous system, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

(*a*) Stuttering and stammering of a degree disqualifying for general military service but which has not prevented from successfully following a useful vocation in civil life.

(*b*) Hysterical paralysis or hysterical stigmata of a degree disqualifying for general military service but not of a character to prevent the registrants from successfully following a useful vocation in civil life.

(*c*) Tremors of such marked degree that they disqualify for general military service but have not prevented the registrants from following a useful vocation in civil life.

110. Registrants who on examination are found to suffer from the following defects shall be **unconditionally rejected** for all military service:

(*a*) Insanity.
(*b*) Epilepsy.
(*c*) Idiocy.
(*d*) Imbecility.
(*e*) Moron. (See Section 115.)
(*f*) Chronic alcoholism.
(*g*) Stuttering or stammering to such a degree that the registrant is unable to express himself clearly or to repeat commands or to demand the countersign.
(*h*) Constitutional psychopathic state.
(*i*) Chronic essential chorea.
(*j*) Tabes (locomotor ataxia).
(*k*) Cerebrospinal syphilis.
(*l*) Multiple sclerosis.
(*m*) Paraplegia.
(*n*) Syringomyelia.
(*o*) Muscular atrophies and dystrophies which are obviously disqualifying.
(*p*) Hysterical paralysis or hysterical stigmata so serious that these defects are disqualifying for military service.
(*q*) Neuritis which is not temporary in character and which has progressed to such a degree as to prevent the registrant from following a useful vocation in civil life.

111. **All registrants who suffer from defects involving the mental or nervous system concerning which the Local Boards are in doubt should be referred to the Medical Advisory Boards, or to a member or members thereof.**

112. The examiners may base their decisions as to mental and nervous defects upon the following brief description of some disqualifying defects:

113. *Insanity.*—All registrants should be considered insane who are committed or who have been committed to a licensed public or private institution for the care of the insane. The examiners may require proof in the form of verified records of commitment by the proper State authorities to verify the statements of the registrants.

114. *Epilepsy.*—The registrant shall not be considered an epileptic unless the claim is substantiated by characteristic scars on the tongue, face, or head, or if the examiner is in doubt, by properly certified proof obtained by the registrant or by the Government Appeal Agent, which shall be filed with Form 1010.

115. *Moron.*—An individual whose mental development is that of a child not over eight years of age, as measured by the Binet-Simon test, is not competent to learn nor to perform the duties required of a soldier.

116. *Idiocy.*—A registrant shall be declared an idiot who has been so defective in mind from birth or from early age that he is unable to guard himself against common physical danger.

117. *Imbecility.*—A registrant shall be declared an imbecile who has been so defective in mind from birth or early age as to be incapable of earning a livelihood but at the same time is able to guard himself against common physical danger.

118. *Chronic alcoholism.*—A registrant shall be declared a sufferer from chronic alcoholism when he presents a majority of the following symptoms and signs: Suffused eyes; prominent superficial blood vessels of nose and cheek; flabby, bloated face; red or pale purplish discoloration of mucous membrane of the pharynx and soft palate; muscular tremor of the protruded tongue and extended fingers; tremulous handwriting.

The history or evidence presented that the registrant has been frequently and grossly intoxicated is not of itself sufficient proof for the diagnosis of chronic alcoholism.

CLINICAL FORMS OF INSANITY.

119. *Dementia precox.*—Look for indifference, apathy, withdrawal from environment, ideas of reference and persecution, feelings of the mind being tampered with, of thought being controlled by hypnotic, spiritualistic, or other mysterious agencies, hallucinations of hearing, bodily hallucinations, frequently of electrical or sexual character; meaningless smiles; in general, inappropriate emotional reaction and lack of connectedness in conversation. There may be sudden emotional or motor outbursts. The history of family life and of school, vocational, and personal career will usually show erratic and more or less irrational conduct.

120. *Manic-depressive insanity.*—Look for mild depression, with or without feeling or inadequacy, or mild manic states with exhilaration, talkativeness, and overactivity.

ORGANIC DISEASES OF THE BRAIN, SPINAL CORD, AND PERIPHERAL NERVES.

121. *Paresis* (*general paralysis*).—The diagnosis of paresis may be made when at the examination of the registrant a majority of the following signs and symptoms are demonstrated: Argyll-Robertson pupil or pupils, facial tremor, speech defect in test phrases, and in the slurring and distortion of words in conversation; writing

defects consisting of omissions and the distortion of words. Apathetic or depressed or euphoric mood. These registrants may show memory loss, or discrepancies in relating facts of life; the knee jerks may be plus, minus, or normal.

122. *Tabes (locomotor ataxia).*—The diagnosis of this disease should be made when, at the examination of the registrant, several of the following signs and symptoms are present: Argyll-Robertson pupil or pupils; absent knee jerk; Romberg symptom; ataxia of hands or legs (especially when the eyes are closed); hypotonia; and anesthetic areas of the skin. The history of the locomotor ataxia is usually that of slow progression, of failing sexual power, and pains in the legs or back which are often described as rheumatism.

123. *Cerebro-spinal syphilis.*—The prominent diagnostic signs and symptoms are headache, varying deep and superficial reflexes, pupillary changes, ptosis, ocular palsies, facial weakness; the mental state is normal, dull, or apathetic. Comparative motor weakness may occur of one side of the body or of one extremity.

124. *Multiple sclerosis.*—The diagnosis of this disease rests upon the following signs and symptoms: Intention tremor, nystagmus, absent abdominal reflexes, increased tendon reflexes, and scanning speech; in cases of this kind the history obtained is not characteristic, but sometimes there may be a history of urinary disturbance.

125. *Paraplegia.*—The diagnosis of paraplegia from whatever cause will rest upon weakness of the lower extremities, associated with lost or increased knee jerk, Babinski reflex, or disturbance of the sphincters of the rectum and bladder, with or without girdle sensations. Sensory disturbance of the skin may or may not be present. Muscle sensibility may be diminished.

126. *Syringomyelia.*—Syringomyelia is usually evidenced by more or less loss of power and atrophy of groups of muscles of one or more extremities; disturbance of the sensations of the skin, more especially in the form of analgesias, and diminution of the temperature sense; if in the upper dorsal cord, often associated with stooped shoulder posture; if in the lower dorsal, with weakness in one or both lower extremities.

127. *Muscular atrophies and dystrophies.*—The signs and symptoms of muscular atrophies and dystrophies are: Atrophies of the small muscles of the hand and of the muscle groups of the shoulder; fibrillary twitchings. The history of these defects rarely furnishes reliable data, although it will usually be found that the registrant has shown evidences of awkwardness. There is never a history of pain in the affected muscles.

128. *Multiple neuritis.*—The chief manifestations are more or less pain in the course of the affected nerves, with tenderness over the trunks of the nerves and of the muscles supplied by them; les-

sened muscular power of varying degrees; more or less atrophy of muscles, with or without contraction and evidences of trophic changes of the skin. The reflexes, deep and superficial, may be diminished or absent; the sphincters are not involved.

Existent organic nervous disease should always exclude.

For example, neuritis, of one or many nerves, while susceptible of recovery without resultant defect, is none the less a cause for rejection as long as it exists.

129. Certain after effects of organic nervous disease need not be causes for rejection provided (1) that the disease is no longer operative and is not likely to recur, (2) that the effect left by it does not prevent a satisfactory fulfillment of military duties. Examples of such conditions are paralysis of a few unimportant muscles following poliomyelitis, slight unilateral hypertonicity as a result of an infantile hemiplegia in a man now robust, and various traumatic conditions. (See Sections 72 (*c*) and 74 (*o*).)

XVII. LUNGS AND CHEST WALL.

130. Registrants who on examination are found to present the following conditions shall be unconditionally accepted for general military service:

(*a*) Normal lungs.

(*b*) Normal pleura.

(*c*) Normal bronchi.

(*d*) Acute bronchitis.

(*e*) Hay fever.

(*f*) Scars of operation of empyema which have been healed for one year or longer when the function of the lung is good.

(*g*) Acute pleurisy with effusion, provided the acceptance of the registrant shall be temporarily delayed for observation and reexamination and there is finally established evidence satisfactory to the examiners that the pleurisy and the effusion have entirely disappeared. (See Sec. 133.)

(*h*) Fracture of the rib or ribs, provided the acceptance of the registrant is temporarily deferred until a final examination shows recovery with or without deformity, and provided the deformity, if any, does not interfere with respiratory movements.

(*i*) Benign tumors of the breast or of the chest wall, provided the enlargement does not interfere with the wearing of a uniform or military equipment.

(*j*) Small, palpable lymph glands of the axilla which apparently do not interfere with the general health.

(*k*) Syphilitic periostitis of rib or ribs, sternum or clavicle.

131. Registrants who on examination are found to present the following remediable defects, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:

(*a*) Typhoid periostitis of rib or ribs.

(*b*) Tumor of the breast or of the chest wall with such enlargement as to interfere with the wearing of a uniform or military equipment.

132. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Tuberculosis of the lungs.

(*b*) Tuberculous pleurisy.

(*c*) Unhealed sinuses of the chest wall following operation for empyema.

(*d*) Chronic bronchitis with emphysema.

(*e*) Chronic asthma associated with chronic bronchitis and emphysema.

(*f*) Fetid bronchitis.

(*g*) Bronchiectasis.

(*h*) Syphilis of the lung.

(*i*) Actinomycosis.

(*j*) Hydatid cysts.

(*k*) Restricted respiratory movements of chest due to deformity of the chest as a result of fracture of ribs or other injuries.

(*l*) Tuberculosis of the ribs.

(*m*) Cancer.

133. When Local Boards are in doubt concerning the physical condition of registrants who present defects of the lungs, pleura, or bronchi, they should be referred to the Medical Advisory Boards, or to a member or members thereof.

134. Inasmuch as pleurisy, with or without effusion, is a very frequent incidence of early tuberculosis, physicians of Local Boards and Medical Advisory Boards should examine with the greatest care registrants who have apparently recovered from pleurisy.

135. The following information concerning methods of examination of the lungs and the interpretation of the findings are presented for the guidance of examiners:

136. The examiners should be extremely careful to reject registrants with manifest pulmonary tuberculosis for all military service and to accept for military service registrants who allege tuberculosis as a ground for exemption or discharge on the basis of insufficient or incorrectly interpreted signs and symptoms.

Men who desire to serve their country may conceal, from patriotic motives, symptoms of tuberculosis which they know or suspect to exist. Some tuberculous patients will seek enlistment with a view to obtaining treatment and a pension. Some soldiers who have volunteered may repent their action and allege symptoms of tuber-

culosis with a view to securing discharge. Some registrants may be expected to claim the existence of tuberculosis as a ground for exemption, and may fortify their claims by certificates of physicians and by radiographs. Such certificates, etc., must not be accepted, but draft examiners must satisfy themselves as to the physical qualifications of registrants by their personal examinations. There will probably be many cases in which pulmonary tuberculosis will have been diagnosticated on the ground of subjective symptoms and of physical signs which are normal or indicate unimportant and healed lesions of some kind.

It is necessary, therefore, that conclusions of the examiner shall be based only on physical signs, sputum examinations, and radiographs. Statements of the subject as to symptoms will not be accepted as proof of the existence of tuberculosis unless supported by objective evidence.

It is the duty of examiners to protect the interests of the Government by preventing men from entering the service who have manifest tuberculosis. It is equally their duty to prevent the escape from service on the ground of tuberculosis of men who present slight or doubtful deviations from the normal. It is therefore necessary to insist that recommendations for discharge for tuberculosis of otherwise apparently healthy and vigorous men shall be based only upon the presence of definite and plainly marked signs of pulmonary lesions.

137. The following signs will not be regarded as evidence of pulmonary disease in the absence of other signs in the same portion of the lungs:

(*a*) Slightly harsh breathing, slightly prolonged expiration over the right apex above the clavicle anteriorly and to the third dorsal vertebra posteriorly. The same signs at the extreme apex left side.

(*b*) Same signs second interspace right anteriorly near sternum (proximity of right main bronchus).

(*c*) Increased vocal resonance, slightly harsh breathing immediately below center of left clavicle.

(*d*) Fine crepitations over sternum heard when stethoscope touches the edge of that bone.

(*e*) Clicks heard during strong respiration or after cough in the vicinity of the sternocostal articulations.

(*f*) The so-called atelectatic râles at the apex during the first inspiration which follows a deeper breath than usual or a cough.

(*g*) Sounds resembling râles at base of lung (marginal sounds), especially marked in right axilla, limited to inspiration.

(*h*) Similar sounds heard at apex of heart on cough (lingula).

(*i*) Slightly prolonged expiration at left base posteriorly.

(*j*) Very slight harshness of respiratory sounds with prolonged expiration in the lower paravertebral regions of both lungs posteriorly, most marked at about angle of scapula, disappearing a short distance above that point, equal on both sides, or slightly more marked at the angle on one side, more frequently the left.

138. *The apices.*—The attention of examiners is particularly invited to the necessity of exercising great conservatism in their interpretation of physical signs over the apices. Interpretation of such signs as indicating active tuberculosis would in many cases do the Government great injustice, leading to the exclusion of men who are fit for service.

The only trustworthy sign of active apical tuberculosis is the presence of persistent moist râles.

139. *Indications from X-ray negatives.*—The X ray shows (1) tuberculous disease confined to region of hilus in deep lung; (2) extension upward toward apex or downward and outward toward base, confined to deep lung; (3) a fine line or two extending to apex with or without small focus or foci there—condition not determinable by physical signs; (4) clouding of apex without marked lines from hilus, probably largely pleuritic; (5) well-marked lines extending to superficies of apex, usually, but not necessarily, with foci there—lesion accessible to physical examination; (6) lines extending toward shoulder as well as apex—(*a*) if confined to deep lung may mean early and now healed exacerbation—(*b*) if extending to superficies denote larger lesion and less immunity than 5; (7) more or less widely diffused spots, lines, and streaks through a considerable portion of lower lobe approaching periphery of lung, with few or no auscultatory signs—deep peribronchial tuberculosis; (8) more extensive streaked opacities involving greater part of one or both lungs and extending to periphery with few or many physical signs—fibrocaseous tuberculosis, fibrosis preponderating in proportion to scantiness of more or less rounded spots or dots.

Conditions as shown by 1, 2, 3, 4, and 6 (*a*) are not causes for rejection. Cases under 5 are to be determined by physical examination. Cases under 6 (*b*), 7, and 8 are to be rejected.

XVIII. HEART AND BLOOD VESSELS.

140. The following procedure should govern in the examination of the heart:

(*a*) Location and determination of character of apex impulse.

(*b*) Auscultation of the heart sounds over apex, lower sternum, and second and third interspaces to right and left of sternum, noting accentuation of sounds and murmurs.

(*c*) Inspection of root of neck and upper thorax and percussion of first interspace on each side of manubrium for evidence of aneurysm.

(*d*) Count of radial pulse, observation of its rhythm, and palpation of radial arteries for unusual thickening or high tension.

(*e*) Exercise test: Hopping 100 times on one foot. At close count heart rate with stethoscope over apex, listening for murmurs and noting how long tachycardia and unusual dyspnea persist. After two minutes neither should be marked. Examiners should use judgment and discretion in applying the exercise test to registrants who, in the preliminary examination, present evidence of incompetency of the heart. Registrants should not be placed in jeopardy, but at the same time the exercise test is an important factor in determining the condition of the heart.

141. Registrants who on examination show the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(*a*) Normal heart. (A heart shall be considered normal when the apex impulse is within the left nipple line and not below the fifth interspace, not heaving in character, with normal sounds, free from murmurs, absence of pulsation or dullness above the base of the heart, regular pulse of normal rate, no unusual thickening of the arteries or evidence of high blood pressure, and a normal response to the exercise test.)

(*b*) A pulse rate of 100 or over which is not persistent. (A pulse rate of 100 or over may be temporary and due to a recent infection, such as typhoid fever or local infections about the nose, mouth, and throat.)

(*c*) A pulse rate of 50 or under which is proved to be the natural pulse rate of the registrant or to be temporary or due to the use of drugs.

(*d*) Sinus irregularity. (This consists in a quickening of the pulse rate during inspiration and a slowing during expiration and is best recognized with the registrant recumbent and breathing deeply.)

(*e*) Old thrombophlebitis of one extremity unassociated with any evidence of persistence of the cause thereof or of obstruction in the involved vein or veins.

142. Registrants who on examination are found to present the following defects, if otherwise physically fit, may be accepted for special and limited military service, **unless the degree of disability is obviously disqualifying.**

(*a*) Intermittent claudication.

(*b*) Raynaud's disease.

143. Registrant who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(*a*) Circulatory failure evidenced by definite symptoms such as a combination of breathlessness, marked cyanosis or edema.

(*b*) Hypertrophy and dilatation of the heart evidenced by displacement of the apex impulse to the left of the nipple line or below the sixth rib, and of a heaving or diffuse character.

(*c*) A persistent heart rate of 100 or over when this is proved to be persistent in the recumbent posture and on observation and reexamination over a sufficient period of time.

(*d*) A persistent pulse rate of 50 or under proved to be due to heart block.

(*e*) Complete irregularity of the pulse when this is found to be due to auricular fibrillation.

(*f*) Valvular disease, as evidenced by characteristic murmurs, enlargement of the heart, and a lack of the normal response to exercise.

(*g*) Arteriosclerosis and hypertension evidenced by a tense pulse, persistent systolic blood pressure above 160 m. m., accentuation of the aortic second sound when the registrant is in quiet recumbency.

(*h*) Thrombophlebitis of one or more extremities if there is a persistence of the thrombus or any evidence of obstruction of circulation of the involved vein or veins.

(*i*) Aneurysm of the arch of the aorta or of any other large vessel.

144. **When Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects due to conditions of the heart or blood vessels, they shall refer them to the Medical Advisory Boards.**

145. It is incumbent upon Local Boards and Medical Advisory Boards:

(*a*) **To accept for service men who have been recommended for rejection because of supposed defects which do not indicate disease and do not impair the individual's ability to undergo severe bodily exertion.**

(*b*) **To exclude from active service in the Army any registrant affected with disease of the heart or blood vessels which impairs his ability to undergo severe bodily exertion.**

146. Men who desire to serve their country may from patriotic motives endeavor to conceal a known valvular lesion which has given no symptoms. On the other hand, men drafted for service may allege or feign symptoms to obtain exemption. Registrants may be expected to present physicians' certificates to substantiate the existence of valvular disease. Many of these may be given in good faith because of inadequate knowledge of the significance of certain frequent murmurs. Such certificates will not be accepted, but draft examiners must satisfy themselves by their personal examinations as to the physical qualifications of registrants.

147. It is necessary, therefore, that the conclusions of the examiner shall be based on objective evidence in the widest sense, including both physical signs, cardiac rhythm, measurement of the blood pressure, and the observed effect of effort. Nevertheless, in the presence of questionable signs or symptoms, the history, especially of past rheumatic fever, may be a factor in the final decision. No statements of the subject, however, will be accepted as proof of the existence of a cardio-vascular defect, unless supported by objective evidence.

148. **Since it is the duty of examiners to protect the interests of the Government by preventing men from entering the service whose circulatory systems may be expected to break down under strain, and equally by preventing the exemption or discharge of fit subjects because of unimportant deviations from the normal, it will be necessary for them to exercise every care in the interpretation of their findings and to bear in mind constantly the murmurs and other departures from the supposed normal which may occur in perfectly healthy hearts.**

149. *Principles of interpretation of symptoms and signs referable to the heart.*—The following principles are laid down for the guidance of examiners in their interpretation of abnormal signs and symptoms: In many cases the interpretation must be purely individual and based on the cumulative evidence of a number of relatively slight deviations from the normal. It can not be too strongly insisted on that, given a heart of normal size and responding normally to effort, any murmur that is heard should be considered accidental and insignificant unless it can be positively demonstrated that it is a mitral or aortic diastolic murmur. It should also be constantly borne in mind that the excitement of the examination may produce violent and rapid heart action, often associated with a transient systolic murmur, which conditions may erroneously be attributed to the effects of exertion. They will usually disappear promptly in the recumbent posture, but the examiner must be shrewd to distinguish the excitable individuals and take measures to eliminate psychic influences from the test so far as possible.

150. *Hypertrophy and dilatation of the heart.*—Impulse to the left of the nipple line or below the sixth rib and of heaving character is cause for rejection. Its cause, either valvular disease or hypertension in the majority of cases, should be sought for. It should not be made a primary diagnosis unless careful examination fails to reveal a cause.

151. *Valvular diseases.*—Cardiac murmurs are the most certain physical signs by which valvular disease may be recognized and its location determined, but murmurs are very frequent in the absence of valvular lesions and may occur in perfectly healthy hearts, especially under the influence of excitement and exertion. Such

accidental murmurs are always systolic in time. The most frequent of these are:

(*a*) Those heard at the apex on excitement, especially when recumbent.

(*b*) Those heard over the second and third left interspaces during expiration, disappearing during forced inspiration. These are particularly common in men with flexible chests, who can produce extreme forced expiration and under such circumstances may be associated with definite thrill.

(*c*) Systolic accentuation of the respiratory murmur, especially on inspiration, heard near the apex or over the back.

Systolic murmurs as described in subparagraphs (*a*), (*b*), and (*c*) are not indicative of defects which shall disqualify a registrant for general military service.

Systolic murmurs unassociated with enlargement of the heart, alteration of the first sound, accentuation of the pulmonic second sound, or abnormal response to exercise may also be considered as without significance.

152. Other systolic murmurs:

(*a*) Loud systolic murmurs, audible at the apex and in the left back, if associated with any enlargement of the heart, with snapping first sound, or accentuation of the pulmonic second sound, constitute a disqualifying defect. (See Section 142 (*f*).)

(*b*) Systolic murmurs at the base, except as specified above, especially those heard in the second right intercostal space, require more careful scrutiny. They may be due to disease of the aortic valves. In this case they should be harsh, conveyed well into the neck, associated with an aortic diastolic murmur, with thrill, or with a marked enfeeblement of the aortic second sound. They are more often due to dilatation of the aorta, either syphilitic or arteriosclerotic. The other signs of dilatation should then be sought—increased dullness in the first and second interspaces to either side of the manubrium, pulsation in this area, accentuation of the aortic second sound. In doubtful cases X-ray examination and Wassermann test should be made.

153. All diastolic murmurs, at apex or base, including presystolic murmurs, shall be considered evidence of valvular disease. The secondary signs should be sought for, viz, enlargement of one or both sides of the heart, alteration of the first or second sound, particularly a snapping first sound and accentuated pulmonic second sound in mitral disease, and the characteristic pulse of aortic insufficiency. In doubtful cases a definite history of rheumatic fever may be given weight. The exact diagnosis should be noted on the record.

154. It should be borne in mind that the characteristic presystolic murmur in certain cases of mitral stenosis may not be audible during

rest. It is therefore important, in every doubtful case, that auscultation be made immediately after the exercise test and in both the erect and the recumbent positions. On the other hand, many cases of tachycardia or overacting heart present physical signs very suggestive of mitral stenosis (sharp, tapping apex beat, sharp, loud first sound, suggestion of apical thrill, etc.), and the diagnosis of mitral stenosis should not be made unless a distinct presystolic or diastolic murmur is heard.

XIX. GENERAL.

155. Registrants who on examination are found to present the following condition who are otherwise mentally and physically fit shall be **unconditionally accepted** for general military service:

(*a*) Malaria, acute or chronic.

156. Registrants who on examination are found to present the following defects who are otherwise mentally and physically fit may be **accepted** for special and limited military service:

(*a*) Secondary anemia, due to hemorrhoids or any other remediable cause.

(*b*) Debility due to recent illness or to employment or environment in civil life.

(*c*) Hemophilia.

157. Registrants who on examination are found to suffer from the following defects shall be **unconditionally rejected** for all military service:

(*a*) Pellagra.

(*b*) Leukemia of all clinical types.

(*c*) Progressive pernicious anemia.

(*d*) Splenic anemia.

(*e*) Cancer.

(*f*) Tuberculosis.

(*g*) Irremediable metallic poisoning.

158. **Registrants who are confined from injury or illness to their homes, hospitals, or other institutions for the care of the sick shall be examined and dealt with for the conditions or defects found, as indicated in Chapters III to XXI, inclusive.**

XX. TEMPORARY DEFECTS.

159. Registrants who are confined from injury or illness to their homes or hospitals or other institutions for the care of the sick and are found to suffer from temporary defects should be granted a reasonable delay for the purpose of completing the physical examination.

160. **Registrants who are reported to the Local Boards or to the Medical Advisory Boards to be confined to their homes or to hospitals or in-**

stitutions for the care of the sick because of contagious, communicable, or reportable diseases, should not be ordered to appear before Local Boards or Medical Advisory Boards until they shall have been discharged by health authorities having jurisdiction.

161. Registrants who are convalescent from diphtheria should not be inducted into military service until three negative cultures in succession, at intervals of three days, shall have been obtained from the throat.

162. When Local Boards or Medical Advisory Boards are unable to command the facilities for making throat cultures of registrants recovering from diphtheria, the cultures should be sent by mail to municipal laboratories or to those of the State or of the United States Public Health Service.

XXI. PURPOSELY CAUSED PHYSICAL DEFECTS.

163. Whenever it shall appear to a Local Board or to a Medical Advisory Board that a registrant is suffering from self-inflicted or purposely caused physical defects which, under the Standards of Physical Examinations, would render him disqualified for military service of any kind, a full statement of the facts and of the condition of the registrant and of the Board's recommendation shall be prepared and attached to Form 1010, and one copy of Form 1010, with such statement attached, shall immediately be sent by the Local Board to the Adjutant of the State to be transmitted to the Provost Marshal General in order that the case may be submitted to the Surgeon General and The Adjutant General of the Army for a waiver of the physical defects, if recommended, so that the registrant may be compelled to render military service. (See Note 2, Sec. 128½ S. S. R., p. 63, herein.)

XXII. NOTES ON MALINGERING.

164. Malingerers may be divided into three general groups:

(*a*) Real malingerers with nothing the matter with them, who injure themselves, or make allegations respecting diseases or such conditions as drug taking, or who counterfeit disease with full consciousness and responsibility; all for the purpose of evading military service. Many of these have been coached.

(*b*) Psychoneurotics, who are natural complainers and try to get out of every disagreeable thing in life. Perhaps only partially conscious of the nature or the seriousness of what they do and only partly responsible. In many the motives are not persistent and many can be made into good soldiers.

(*c*) Confirmed psychoneurotics with long history of nervous breakdowns and illnesses who behave like class (*a*), but more persistently, and from whom not much can be expected in the way of reconstruction.

165. The detection and management of medical cases depends upon the absence of positive findings in one who presents the general characteristics of the malingerer. There is especial need for the physical examination to be thorough in this group. Some of the cardiac cases at first regarded as malingerers were pronounced later by the cardiovascular board to have mitral stenosis, and similarly proper tests have shown the existence of gastric ulcer in cases which were under suspicion of fraud. The estimation of the reality of rheumatic pains is always a difficult matter.

166. *Surgical.*—Under this are included old scars and injuries of the bones, fractures, and orthopedic conditions.

NOTE.—For the detection of malingerers, in tests of vision and hearing, see paragraphs 27 to 34, inclusive, 40, and 41.

167. *Artifically created conditions.*—Men shoot or cut off their fingers or toes, practically always on the right side, to disqualify themselves for service. Sometimes they put their hands under cars for this purpose. Many men have their teeth pulled out. Retention of urine is simulated. Egg albumen is injected into the bladder or put in urine. Glucose is added to urine. Digitalis, thyroid gland preparations, and strophanthus are taken to cause disturbance of the heart and cantharides to cause albuminuria. The skin is irritated by various substances, which are also injected under it to create abscesses. Various substances are taken to bring about purging. An appearance of hemoptysis may be produced by adding blood, either human or that of animals, to the sputa. Sometimes merely coloring matter is added. Those who can vomit voluntarily what they swallow use the same means to create the appearance of hematemesis. Similarly, coloring matters may be added to the stools. Mechanical and chemical irritants are made use of to cause inflammation about practically all the body orifices. Jaundice may be simulated by taking picric acid. Crutches, spectacles, trusses, strappings, etc., are made use of to create the appearance of disability. (See sec. 165.)

168. *Detection.*—Wounds are rarely self-inflicted when witnesses are present, consequently it is almost impossible to be certain of the motive behind these. Artificial jaundice is to be recognized by the demonstration of picric acid in the urine.

169. *Bed wetting.*—A frequent complaint among registrants for military service but not a cause for rejection.

170. The surest means of detecting malingering is a thorough understanding by the examiner of the types of people who actually do it—and the way they behave. It is only in the feigned diseases of the eye and ear that special tests are required. Observation in hospital is necessary in difficult cases. The vast bulk of malingerers are those who exaggerate some actual defect, and the problem for the medical

examiner is to decide whether the defect complained of is sufficient cause for rejection for service. Persons of intelligence and education have more difficulty in deceiving, as they are bound to express themselves freely. If they are reticent in these matters they arouse suspicion by their reticence. Those who talk freely may be counted on to say things at variance with the existence of the disease of which they complain.

171. Whenever it shall appear to a Local Board or to a Medical Advisory Board that a registrant is endeavoring to escape service by malingering, if otherwise mentally and physically fit, he shall be inducted. A full statement of the facts shall be prepared and attached to each copy of Form 1010. (See Section 128½, Note 3, S. S. R.)

NERVOUS AND MENTAL.

172. *Insanity.*—Rarely feigned by registrants and then of an extremely silly, foolish type. In cases of doubt, hospital observation is necessary with verified past records. Mental defects are frequently feigned, especially by illiterates. Organic diseases of the central nervous system can not be simulated.

173. *Pain and hyperesthesia.*—The most frequent of all complaints. History inconsistent, ordinary traces of suffering absent. Absence of other symptoms usually accompanying types of pain complained of. Absence of objective evidence of localized pains. Note behavior when the registrant believes himself unobserved.

174. *Anesthesia.*—Complaint of anesthesia itself creates a suspicion of malingering, as most patients with anesthesia are ignorant of it.

175. *Epilepsy.*—Men who have sustained head injury are very apt to claim fits. These complaints may be in reference to grand mal or petit mal. Petit mal attacks are spoken of as fainting attacks. In grand mal attacks there is loss of pupil response to light, knee jerks are lost, and the Babinsky reflex may be present.

176. *Hysteria.*—Not feigned in itself, but its existence creates confusion as to malingering. The question to be decided is whether the registrant is too seriously affected with the neurosis to be useful as a soldier. Often, even when the physical symptoms are most pronounced (paralysis), cure is still possible.

177. *Stiff backs.*—Stiff back is a frequent symptom of hysteria in the present mobilization among selected men. In cases of this kind organic disease of the vertebræ can and should be excluded, if necessary, by the X ray.

APPENDIX.

IMPORTANT SECTIONS OF THE SELECTIVE SERVICE REGULATIONS AND RULES OF PROCEDURE RELATING TO PHYSICAL EXAMINATIONS, AND PERTAINING TO MEDICAL EXAMINERS AND LOCAL, DISTRICT, AND MEDICAL ADVISORY BOARDS.

Section 25. Correspondence rules of the Office of the Provost Marshal General.

Rule A. Except as specifically provided in these Regulations, all communications intended for the Provost Marshal General concerning the execution of the Selective Service Law within a State emanating from individuals within the State or from Local and District Boards or other officials engaged within any State in the execution of the Selective Service Law, **must be directed to the Adjutant General of the State for reference to the Provost Marshal General.** (See sec. 31.) Correspondence sent in violation of this rule to the office of the Provost Marshal General will be returned to the writer.

NOTE 1.—War Department rules governing correspondence require that all communications be forwarded in duplicate. (Circular Letter, June 21, 1918.)

Section 29. Governor to District State and Recommend Appointment of Members of Medical Advisory Boards.

Each State shall be carefully districted with due regard to communication and hospital facilities for the erection of a number of Medical Advisory Boards compacted with a view to the equitable and practical distribution of the work of reexamination as provided herein and to the convenience of registrants and economy to the Government in sending registrants before such boards. Members of Medical Advisory Boards will be nominated by the Governor and appointed by the President in accordance with instructions to be hereafter communicated to the Governors.

A member of the Medical Corps of the Army will be assigned as Medical Aide to the Governor of each State. Medical Aides will be required to perform the following functions:

(*a*) To establish close relations with all examining physicians of their States.

(*b*) To recommend meetings of examining physicians for the purpose of discussing the medical problems of the draft and for the clearing up of doubtful points.

(*c*) To visit Local and Medical Advisory Boards; to observe these at work; and to advise with examining physicians.

(*d*) To recommend to Governors the replacement of weak examining physicians; to arrange for additional examining physicians where needed; to hasten the operations of physical examinations where such are unduly slow or delayed.

(*e*) To study the causes of rejections at camps, with a view to the detection of inefficiency in the physical examination of registrants.

(*f*) To perform such other duties in connection with physical examinations of drafted men as may be required of them.

NOTE 1.—Medical Advisory Boards in each State should be designated by numbers (consecutively, with no use of a general number and letters for divisions of counties and cities). Each Board should be notified of the number assigned it and should be required to use this number designation on all vouchers and receipts sent to the Office of the Provost Marshal General. (Circular Letter April 18, 1918.)

NOTE 2.—Appointments to and removals from Medical Advisory Boards can not be made without reference to the President through the Office of the Provost Marshal General. The Regulations require members of said Boards to be nominated by the governor and appointed by the President. (Circular Letter April 18, 1918.)

NOTE 3.—The Medical Aide to the Governor should be the instrument of direct communication between the Governor or his adjutant general and the Local Boards and Medical Advisory Boards in all matters concerning questions relating to that part of the Selective Service Regulations which pertains to the physical examinations of registrants. (Circ. Letter May 8, 1918.)

NOTE 4.—Class 1 registrants who are physically disqualified for general military service but qualified for limited military service and also specially qualified for such clerical and administrative work may be inducted into service either as privates or in noncommissioned grades for clerical and administrative work at States Headquarters and the Local, District, and Medical Advisory Boards, such induction to take place under rules and regulations issued for that purpose. (Telegram B–2682, August 19, 1918, and Circ. Letter August 29, 1918.)

NOTE 5.—Officers of the Medical Corps ordered to report as Medical Aides to Governors are assigned to duty subject to the orders of Governors to whom they should report for instruction. Such officers will be governed solely by instructions from Governors and Adjutants General concerning all matters connected with Medical Advisory Boards. (Telegram A–100, December 4, 1917.)

NOTE 6.—Draft Executives will supply Medical Aides with copies of all modifications of regulations and with rules governing physical examinations.

Section 33. Status of members of Local and District Boards.

Section 6 of the Selective Service Law provides that:

* * * All persons designated or appointed under regulations prescribed by the President, whether such appointments are made by the President himself or by the governor or other officer of any State or Territory to perform any duty in the execution of this Act, are hereby required to perform such duty as the

President shall order or direct, and all such officers and agents and persons so designated or appointed shall hereby have full authority for all acts done by them in the execution of this Act by the direction of the President. * * * Any person charged as herein provided with the duty of carrying into effect any of the provisions of this Act or the regulations made or directions given thereunder who shall fail or neglect to perform such duty * * * or who, in any manner, shall fail or neglect fully to perform any duty required of him in the execution of this Act, shall, if not subject to military law, be guilty of a misdemeanor, and upon conviction in the District Court of the United States having jurisdiction thereof be punished by imprisonment for not more than one year, or, if subject to military law, shall be tried by court-martial and suffer such punishment as a court-martial may direct.

Under this authority members of boards are as effectively drafted for this duty as are registrants who are selected for military service and as such are entitled and should be given deferred classification whenever certified by the Governor of the State as necessary in the administration of the Selective Service Law. Appointments and changes in membership of boards will be made by the President upon the recommendation of the Governor. Applications for relief from such appointments should be made to the Governor, who should investigate the circumstances and recommend relief only in cases involving hardship. Applications for such relief will be considered only when submitted through the Governor. The telegraph should be used in making these recommendations only in cases whose urgency seems to justify the additional expense.

NOTE 1.—Responding to a request that the commissioning of medical members of Draft Boards be discontinued for the present, except in instances where the Provost Marshal General consents, the Surgeon General stated that every effort would be made to carry out the wishes of the Provost Marshal General, and that local examiners for the Department of War would be requested in forwarding the papers of applicants for appointment in the Medical Corps to indicate whether or not the applicant is a member of a Local Board. (Circular Letter, August 23, 1918.)

Section 42. Additional examining physicians.

In addition to the licensed physician who is a member of the board or if no licensed physician is a member of the board, the Governor or the Local Board shall designate and appoint additional examining physicians, subject to removal by the Governor at his pleasure.

It shall be the duty of persons thus designated to act as examining physicians of the Local Board for which they are designated, and they may be compensated at rates hereinafter prescribed. (See sec. 196.) In addition to the number of physicians that may be thus designated and compensated under the above authority, volunteer physicians in any convenient number may be utilized for the examination of registrants upon appointment as aforesaid.

Examining physicians (unless actually appointed by the President *as members of boards*) are not to be considered as members of such

boards. They should take the oath prescribed in section 14 of these regulations. They shall have no vote on any question to be decided by said board. (See secs. 122, 124.) Their report on the physical examination of a registrant is advisory only.

NOTE 1.—The services of volunteer dentists to aid in physical examination of registrants by Local Boards may be utilized, but they are not members of Local Boards and have no vote. (See Form 75.)

Section 43. Clerical Assistants for State Headquarters and for District, Local, and Medical Advisory Boards.

(*a*) When authorized by the Governor on and after September 1, 1918, as prescribed in section 198 hereof, there may be employed the necessary clerks for State Headquarters, District Boards, Local Boards, and Medical Advisory Boards: *Provided*, That no clerk shall be paid at a rate in excess of that fixed for clerks of Local Boards in paragraph (*c*) of this section without specific authority of the Provost Marshal General in each case. (For entire section, see S. S. R., second edition.)

Section 44. Medical Advisory Boards.

There have been provided in the various counties, cities, and other localities throughout the United States, Medical Advisory Boards, who will examine registrants sent to them by Local Boards or State Adjutants General for examination, and will advise such Local Boards or State Adjutants General concerning the physical condition of such registrants. (See secs. 123 and 182.)

NOTE 1.—The personnel of the Medical Advisory Boards should be kept at all times as full as efficiency demands. Members of these Boards who hold commissions in the Medical Corps, when asigned by the Surgeon General to active duty, automatically cease to be members of the Boards. Vacancies on the Boards thus created may be filled as provided in section 29, *supra*.

NOTE 2.—In those States and localities where it is impossible to organize an Advisory Board with a complete personnel of qualified specialists it is not expected that the Advisory Board will be able to carry out the complete directions for the physical examination of those registrants who require it. In this emergency the Medical Aid to the Governor, with the latter's authorization, should make provision, if possible, for the registrant to be examined by competent specialists who may not be members of Advisory Boards. The Advisory Boards should, whenever practicable, examine registrants at the established headquarters of the Board, which by preference should be a general hospital. In certain emergencies the registrant may be sent elsewhere for special examination, such as taking a roentgenogram, eye and ear tests, etc.

NOTE 3.—A dentist should be appointed as a member of every Medical Advisory Board wherever possible. Membership of Medical Advisory Boards is not limited as to number and dentists may be added to Boards already appointed. (Telegram A–189, Dec. 5, 1917.)

Section 46. Duties of lawyers and physicians generally.

The selection and classification of men for military service is an undertaking that should be regarded as a systematized effort of the

citizenry of the whole Nation organized and compacted to meet the present emergency. Every citizen has a duty to give his best endeavor to the success of this undertaking according to his qualifications and talents. All lawyers and physicians should regard it as their duty to identify themselves with the Advisory Boards provided for in sections 44 and 45, and freely and without compensation to give their best service to the Nation. It is inconsistent with this duty for lawyers to seek clients for the purpose of urging and advocating individual cases in any other way than as disinterested and impartial assistants of the Selective Service System.[1]

Lawyers and physicians will render a most valuable assistance by giving their services to Local Boards and to the Medical Advisory Boards provided in section 44 hereof. They should be scrupulously careful in making affidavits and furnishing other proof of a medical character to registrants in support of claims of physical disqualification and respecting physical condition or infirmities of dependents.

Section 122. Physical examination

Beginning on such date or dates as the Provost Marshal General shall hereafter fix for the beginning of the physical examination of all or any number or proportion of registrants, and after a registrant has been placed in Class I by a Local Board (regardless of any appeal) the Local Board shall mail to the last known address of any registrant placed in Class I a notice (Form 1009, p. 226, sec. 281) to appear for physical examination at a time and place to be designated in said notice (which time shall be five days from the date of the mailing of the notice, unless otherwise ordered by the Provost Marshal General), and shall enter the date of mailing of said notice in column 19 of the Classification List.

Upon appearance of the registrant he shall be examined as provided in Part VIII hereof and in Form 75, and the date of his examination shall be entered in column 20 of the Classification List. The examining physician shall immediately enter his report and recommendation in triplicate on the report of physical examination (Form 1010, p. 227, sec. 282).

The same procedure as to physical examination provided in these regulations for registrants in Class I shall also apply to all registrants who have been placed in a class more deferred than Class I, so soon as the immediately preceding or earlier class has been exhausted by calls into the military service and not before, except as provided in sections 128, 149, and 150.

NOTE 1.—Whether the examining physician of the Local Board is in doubt or not as to the physical qualification of a registrant for military service, he shall nevertheless definitely report the registrant either as qualified or disqualified, and if he is in doubt as to such qualification or disqualification, he may request

[1] The provisions of the last sentence apply with equal force to physicians.

to have the registrant sent before a Medical Advisory Board or a member or members thereof as prescribed in section 123.

NOTE 2.—Registrants in Classes II, III, and IV will not be psysically examined except upon general order issued by the Provost Marshal General, or when special call is made for the induction into military service of registrants in such classes, unless under the provisions of section 128.

NOTE 3.—The entry by the registrant on the Questionnaire of the claim for physical disqualification is not to be construed as a claim from which an appeal lies to the District Board on account of the refusal of the Local Board to classify the registrant in Class 5-G. Appeals from classification on physical grounds may be made as provided in sections 122 to 128, inclusive, and not otherwise. (Telegram A-2142, Jan. 3, 1918.)

NOTE 4.—See sections 141, 142, and 143 for provisions relating to transfer of physical examination, physical examination of registrants residing abroad, and physical examination of mariners actually employed on the Great Lakes.

Section 123. Sending doubtful cases to a Medical Advisory Board.

If the examining physician is in doubt as to whether the registrant is to be held for military service, or if the Government Appeal Agent or two members of the Local Board are dissatisfied with the finding of the examining physician, the examining physician, Government Appeal Agent, or members of the Local Board, may apply to the Local Board to have the registrant sent before the nearest Medical Advisory Board or any member or members thereof (provided in sections 29 and 44 hereof) for a further examination.[1] Such application shall be made by entering it in the place provided in Form 1010 (p. 227). Thereupon the Local Board shall, unless it decides by unanimous vote that the case is one in which there is no room for reasonable doubt, immediately send the registrant before such Medical Advisory Board, or some member or members thereof, forwarding to the Medical Advisory Board, or such member or members thereof, the examining physicians report (Form 1010, p. 227) in triplicate and, where necessary, furnishing the registrant with transportation and meals and lodging tickets for the time during which he will be before such Medical Advisory Board, or member or members thereof, in no case to exceed three days.

If the registrant is held to be physically disqualified by the examining physician, the Local Board shall, unless it decides by unanimous vote that the disqualification is such as to leave no room for reasonable doubt, send the registrant before such Medical Advisory Board, or some member or members thereof, in the manner just provided.

Upon reference of a case from a Local Board as just provided, the Medical Advisory Board, or the member or members thereof, to whom such registrant has been sent, shall examine the registrant, record its or their findings in triplicate on Form 1010 (p. 227), and return all

[1] A registrant no longer has the right or privilege of applying to be sent to a Medical Advisory Board.

three copies of Form 1010 (p. 227) to the Local Board, with the conclusion and recommendation in the case.

NOTE 1.—Circular letter, January 9, 1918, prohibiting issuance of transportation requests for more than one way for sending of selected men to camps does not nullify section 123, which provides for the sending of men to Medical Advisory Boards. In these cases the Local Board will issue two transportation requests, one each way. This rule is made necessary to prevent the possibility of unauthorized use of Government transportation other than for selected men or for men being sent to Medical Advisory Boards, or a member or members thereof. (Circular letter, Jan. 21, 1918.)

Section 124. Finding by Local Board as to physical qualification.

Upon receipt of the report and recommendation of the Medical Advisory Board as provided in section 123, or, if the case has not been sent to the Medical Advisory Board, or a member or members thereof, then upon the receipt of the report of the examining physician, the Local Board shall make its decision as to the physical qualification of the registrant. If the registrant is found physically disqualified for general military service, the Local Board shall cancel the cross mark (×) or cipher (0) which has already been entered in a classification column by drawing a red-ink line through such cross mark or cipher and shall enter the classification of the registrant in Class V, column 12. (See sec. 102.) If the registrant is found to be physically disqualified for general military service, but qualified to perform special and limited military service (see sec. 128½), his place in the classification column shall not be changed, but the Local Board shall, with red ink, inscribe a bold circle around the cross mark (×) or cipher (0) in such classification column. (See sec. 188, Part VIII.)[1]

NOTE 1.—Once in every month the Local Board shall send one copy of Form 1010 for each case covering a registrant who has been finally classified in V (G) and not theretofore so sent, to the draft executive, who shall assemble these and transmit them to the Surgeon General of the Army, Washington, D. C. The draft executive shall keep a nominal check list of such cases.

While men found disqualified for general military service but qualified for special and limited military service are not placed in Class V, they are subject to induction into military service only when a specific call for men qualified for special or limited military service only is made.

If the finding of the Local Board is not in accord with the recommendation of the Medical Advisory Board, and an appeal is taken to the District Board from the decision of the Local Board as to the physical qualifications of the registrant, the Local Board shall make a special report to the District Board of its reason for rejecting the recommendation of the Medical Advisory Board.

The Local Board shall, on the day of its decision as to the physical qualification of any registrant, mail to such registrant a notice (Form 1011, sec. 283, p. 231) of the result of such decision and shall enter

[1] See section 128½ for deferred remediable group.

the date of such mailing in column 21 of the Classificatoin List (Form 1000, p. 188.)

NOTE 1.—See section 128½ concerning deferred remediable group.

Section 125. Appeal from finding of Local Board as to physical qualifications.

Within five days after the date of the notice prescribed in section 124 any registrant may make a claim of appeal to the District Board from the finding of the Local Board as to his physical qualification for military service. Claim of appeal shall be made by entering the claim in the place provided for that purpose on all three copies of the physical examination report (Form 1010, sec. 282, p. 227). The Government Appeal Agent may make a claim of appeal on behalf of the United States at any time.

Immediately upon filing of an appeal from the decision of the Local Board as to physical qualification, the Local Board shall transmit to the District Board all three copies of the record of physical examination (Form 1010, p. 227) in the case, together with any additional evidence as to physical qualification which may have been submitted to the Local Board, and shall enter the date of forwarding such record in column 22 of the Classification List and in the place provided on the Cover Sheet.

NOTE 1.—The entry of the registrant on the Questionnaire of a claim of physical disqualification is not to be construed as a claim from which an appeal lies to the District Board from the refusal of the Local Board to classify the registrant in Class V (G). Appeals from classification on physical grounds may be made as provided in sections 122 to 128, inclusive, and not otherwise. (Telegram A–2142, Jan. 3, 1918.)

Section 126. Action by District Board upon appeal as to physical qualification.

In considering a case appealed on the ground of physical qualification, the District Board shall neither conduct any new physical examination nor shall it receive or consider any evidence which was not considered by the Local Board, but shall, upon consideration of the record sent to it as prescribed in section 125, either affirm, modify, or reverse the decision of the Local Board and promptly enter its finding on all three copies of Form 1010 (p. 227), and immediately return the same to the Local Board.

Section 127. Procedure of Local Board on return of physical examination record from District Board.

If the action of the District Board on appeal as to physical qualification changes or affects the classification of the registrant (see sec. 124), the Local Board shall make the necessary changes in the Classification List. Whether the action of the District Board changes or affects the Classification by the Local Board or not, the Local Board shall mail to the registrant a notice (Form 1011, sec. 283, p. 231) of the result of the decision by the District Board, and shall enter the date of mailing of such notice in column 23 of the Classification List.

Section 128. Physical examination of persons not in Class I.

Local Boards may, upon the application of registrants in Classes II, III, or IV, examine such registrants physically, pass upon their physical qualifications, and, if they are found to be permanently disqualified, to classify them in Class V. (See sec. 79.) This is not a right of the registrant, but it is a privilege that may be accorded by the Local Board where the according of the privilege will not interfere with the prompt and orderly execution of the Selective Service Law.

Section 128½. Grouping of registrants.

The Regulations governing physical examinations prescribe a standard of unconditional acceptance and a standard of unconditional rejection. Certain cases found, upon physical examination by a Local Board, falling between these two standards may be referred by the Local Board to the Medical Advisory Board or to some member in the same manner as other cases that are required or authorized by these Regulations so to be referred. Cases so referred as falling between these two standards, and cases referred to Medical Advisory Boards, or member thereof, under the other provisions of these Regulations, shall be examined by the Medical Advisory Boards or such member or members thereof, who shall advise the Local Boards to:

(*a*) Accept the registrant as physically qualified for general military service; or

(*b*) Accept the registrant as physically qualified for general military service when cured of ——— (naming remediable defect for which acceptance is authorized); or

(*c*) Accept the registrant as physically qualified for special or limited military service in a named occupation or capacity; or

(*d*) Reject the registrant;

and shall record their finding in the proper spaces provided on Form 1010.

Local Boards shall find a registrant physically qualified for general military service (Rule *a* above) only when he falls within the standard of unconditional acceptance as prescribed in sections 182 to 188, inclusive, as further explained and amplified by the Standards of Physical Examination, including cases of slight remediable defects not included under foregoing Rule *b*.

Local Boards shall find a registrant physically qualified for general military service when cured of a remediable defect (Rule *b* above) only in those cases when such acceptance is specifically authorized; namely, when a registrant is found to fall within the "Deferred remediable group."

When a Medical Advisory Board, or a member or members thereof, to whom a registrant has been sent determine that a registrant should be accepted for general military service when cured of such

remediable defects (Rule *b* above) the Medical Advisory Board, or such member or members, shall insert in ink in the space provided on page 2 of Form 1010, under the general heading, "Physical examination by Medical Advisory Board," and the following words: "Physically qualified for general military service," the words "when cured of ———" followed by the name or diagnosis of the remediable defect, which name or diagnosis is to be followed by a circle in black ink. Upon return to the Local Board of the record (Form 1010, p. 227) in such a case, and if the finding of the Medical Advisory Board, or such member or members thereof, is confirmed by the Local Board, the registrant's place in the classification column shall not be changed, but the Local Board shall, with black ink, inscribe a bold circle around the cross mark (×) or cipher (0) in such classification column; and such registrant shall be inducted into military service after his order number is reached, but only at such time as may be designated by a call issued by the Provost Marshal General.

Registrants shall be found "physically qualified for special or limited military service" (Rule *c* above) only in those cases described in the Standards of Physical Examination, and in such cases the Boards shall designate the occupation or class of service for which such persons are physically qualified in the space provided on Form 1010 (p. 227) after the words "physically qualified for special or limited military service as ———," and the same shall be indicated on the Classification List as provided by section 124.

Registrants shall be found as physically deficient and not physically qualified for military service (Rule *d* above) only when they fall within the standards of unconditional rejections as prescribed in sections 182 to 188, inclusive, as further explained and amplified by the Standards of Physical Examination.

When a Medical Advisory Board or a member or members thereof delay the examination of a registrant on account of temporary defects, it or they must return to the proper Local Board Form 1010 (p. 227), with a statement attached thereto (but not written thereon) stating the reason for delay and fixing a definite period of time within which the registrant may be sent back to it or them. At the end of said period, or earlier, if it believes the temporary defect is removed, the Local Board shall send the registrant back to the Medical Advisory Board, unless the Local Board believes that the examination should be further delayed or that further reference to the Medical Advisory Board is unnecessary, and may proceed without further reference.

Local Boards may accept a registrant as physically qualified for special or limited military service in a named occupation or capacity without reference to the Medical Advisory Board.

Note 1.—The foregoing regulations clearly indicate the four groups into which registrants should be grouped by Local, District, and Medical Advisory

Boards as a result of the physical examinations in accordance with the Manual of Standards of Physical Examination.

In other words, Group A shall contain registrants found to be qualified for general military service within the standards of unconditional acceptance, including registrants with slight remediable defects.

Registrants with slight remediable defects shall be held physically qualified for general military service, if not remedied pending orders.

All registrants coming within the foregoing definition and as specifically indicated in the instructions in the Manual are to be included in Group A and reported as physically qualified for general military service in the place indicated on Form 1010 (p. 227).

Group B shall contain registrants who are found to be physically qualified for general military service when cured of some remediable defect which is of such a character that it must be remedied or cured before the registrant can be ordered into service.

Group C shall contain registrants who are found not to be within the standard of unconditional acceptance on account of defects which are not remediable nor sufficiently incapacitating to bring them within the condition of unconditional rejection. This is the group of registrants who may be found to be qualified for special or limited military service.

Group D shall contain all registrants coming within the standards of unconditional rejection and includes all cases not included in Groups A, B, and C. Such registrants must be reported on Form 1010 (p. 227) as "Physically deficient and not physically qualified for military service by reason of ——" (the reason for the disqualification to be stated in the blank provided).

In arriving at their decisions concerning the physical qualifications of registrants Boards must be governed, as to the grouping of registrants, by the specific instructions contained in Manual of Standards of Physical Examinations.

NOTE 2.—Whenever it shall appear to a Local Board or to a Medical Advisory Board that a registrant is suffering from self-inflicted or purposely caused physical defects which, under the Standards of Physical Examinations, would render him disqualified for military service of any kind, a full statement of the facts and of the condition of the registrant and of the Board's recommendation shall be prepared and attached to Form 1010 (p. 227), and one copy of Form 1010, with such statement attached, shall immediately be sent by the Local Board to the Adjutant of the State to be transmitted to the Provost Marshal General in order that the case may be submitted to the Surgeon General and The Adjutant General of the Army for a waiver of the physical defects, if recommended, so that the registrant may be compelled to render military service.

NOTE 3.—When in the opinion of the Local Board the registrant is believed to be feigning disease or illness or physical defect, which can not be detected by careful examination, the Local Board shall note on Form 1010 its opinion that registrant is feigning in order to avoid service. (See sec. 171, Form 75.)

NOTE 4.—The foregoing sections 122 to 128½, inclusive, and sections 141–143 relate to the procedure concerning physical examinations. For rules and standards as to physical qualifications governing examining physicians, see Part VIII, sections 182 to 188, inclusive, and Form 75, "Standards of Physical Examination."

NOTE 5.—Great care must be taken in observing the difference in the standards of physical examination as between registrants to be inducted into the Army and those to be inducted into the Navy.

Section 177. Disposition of registrants rejected or discharged from military service at a mobilization camp.

When any selected man, prior to acceptance, is rejected at a mobilization camp, the commanding officer thereof shall promptly notify his Local Board of the fact, cause (stating at length the details), and date of rejection, on Form 1029–A, and the Provost Marshal General, on Form 1029–B. When any selected man is, subsequent to acceptance, discharged at a mobilization camp, the commanding officer thereof shall similarly notify the Local Board, using Form 1029–C, and the Provost Marshal General, using Form 1029–D. (Sec. 305, p. 254.)

Immediately upon receipt of notice of the rejection or discharge of any selected man, the Local Board shall reclassify the registrant in accordance with his status as determined by the action of the military authorities in rejecting or discharging him and shall then proceed in the following manner:

(*a*) If the rejection or discharge was because of physical disqualification, the Local Board shall reclassify the registrant in class I and shall direct him to appear before it for further physical examination, and if, after thorough physical reexamination, the Local Board discovers the physical defect found by the examining surgeon at the mobilization camp, the classification as determined by the commanding officer of the mobilization camp shall stand. If, after thorough physical reexamination, the Local Board does not discover the disqualifying defect, it shall refer the registrant to a Medical Advisory Board or a member or members thereof for exhaustive reexamination, advising the Medical Advisory Board or such member or members of the fact that the registrant has been rejected at the mobilization camp and specifically stating the cause of rejection as reported by the commanding officer. The Medical Advisory Board or such member or members shall make an exhaustive examination of the registrant, particularly as regards the physical disqualifications as found by the examining surgeon at the mobilization camp and shall report its findings to the Local Board. The Local Board shall proceed to a decision as to the physical qualifications of the registrant and shall forward the record to the District Board for approval or disapproval of its findings. Upon the return of the record from the

District Board the Local Board shall reclassify the registrant in accordance with the findings of the District Board.

(*b*) If the rejection or discharge at the mobilization camp was because of any reason other than that of physical disqualification the Local Board shall proceed to an investigation of the case, and if in the opinion of the Local Board an error was made in the rejection or discharge the entire record shall be referred to the Adjutant General of the State, who, if he approves the findings of the Local Board, shall refer the record to the commanding officer of the mobilization camp for his consideration, recommendation, and return through the Adjutant General of the State to the Local Board.

In all cases so referred to the commanding officer of the mobilization camp and not returned by him within a reasonable time, or returned by him without recommendation, or returned by him with a recommendation disapproving the findings of the Local Board, the Adjutant General of the State shall, if in his opinion the same be necessary, forward the entire record to the Provost Marshal General for instructions as to further procedure.[1]

Section 182. Preliminary statement.

In view of the contemplation of a further investigation and classification of registrants physically qualified for special and limited military service who have not the physical qualifications for general military service, and in view of the decision to accept some registrants for general military service with remediable defects, who are otherwise physically and mentally qualified for military service, the following new regulations for the physical examination of registrants by the physician of the Local Board becomes necessary:

Local Boards can accept registrants for general military service only when they come within the standards for unconditional acceptance, with or without remediable defects.

Local Boards can reject registrants for general military service only when the registrant comes within the standards of unconditional rejection.

Local Boards may accept registrants for special and limited military service, but must refer all doubtful cases to the Medical Advisory Board or a member or members thereof.

Physicians on the Local Board are not required to make a complete examination of every registrant. The moment the physician on the Local Board finds a mental or a physical defect placing the registrant within the standards of unconditional rejection the physician on the Local Board shall indicate this in Form 1010 (sec. 282, p. 227), after "physically deficient and not physically qualified for

[1] If any doubt arises as to rejected men, their cases may be taken up directly with the camp commander, or the facts communicated to this office, as may be most expedient.

military service by reason of," and shall in the space following, write the disqualifying defect.

In all other cases the Local Board shall make a complete examination of registrants; and, when the physician of the Local Board finds a defect which does not come within the standards of unconditional rejection but does take the registrant out of the class within the standards of unconditional acceptance, he shall proceed to make a complete examination and may then, if in doubt, refer the registrant to the Medical Advisory Board, or a member or members thereof, reporting the result of the complete examination, including a report of the defect or defects on Form 1010 (p. 227).

Registrants can not be declared physically qualified for general military service (see Form 1010, sec. 282, p. 227, S. S. R.) until the complete examination has been made by the physician on the Local Board, with the finding that the candidate comes in every instance within the standards of unconditional acceptance with or without remediable defect. Then, it is so noted and recorded on Form 1010 (sec. 282, p. 227, S. S. R.), and if there is a remediable defect this is also recorded after "physically qualified for general military service."

Section 183. Place, order, and method of examination.

For material, see Form 75, "Standards of Physical Examination."

Section 184. Causes for rejection.

For material, see Form 75, "Standards of Physical Examination."

Section 185. Dental requirements.

For material, see Form 75, "Standards of Physical Examination."

Section 186. Degree of deficiency for disqualification.

In these regulations the standards for unconditional rejection which place the registrant in the class physically deficient and not physically qualified for military service are clearly defined. When the Local Board is in any doubt, the registrant should be referred to the Medical Advisory Board, or a member or members thereof. The attention of Local Boards and examining physicians is called to section 123.

Section 187. Temporary defects.

Registrants confined to their homes or hospitals, or who present themselves with some temporary defect, the result of an acute disease, injury, or operation, or who are waiting for operation, should be granted a reasonable delay for completing the physical examination.

All of these cases should be thoroughly investigated by the physician on the Local Board.

Registrants with contagious, communicable, reportable diseases should not be ordered before the Local Board for examination until they are discharged by the boards of health.

Registrants recovering from diphtheria should not be ordered to the cantonments until three negative cultures at intervals of three days have been obtained from the throat and nose. In localities where there is no provision for this bacteriological work, consult the municipal or State health authorities, or United States Public Health Service.

Section 188. Special and limited military service.

In view of the importance of a thorough investigation and classification of registrants belonging to this group, Local Boards are required to refer to the Medical Advisory Boards, or some member or members thereof, all such registrants concerning whose qualifications there may be doubt.

The physician of the Local Board is urged to consult with the Medical Advisory Board about this group and to familiarize himself with the specific regulations concerning special and limited military service.

NOTE 1.—See section 177 and Form 75, "Standards of Physical Examination."

NOTE 2.—For rules of procedure concerning physical examinations, see sections 122 to 128½ and 141 to 143, inclusive.

NOTE 3.—Great care must be taken in observing the difference in the standards of physical examination as between registrants to be inducted into the Army and those to be inducted into the Navy. (See sec. 5.)

Section 196. Examining physicians—Rate of pay.

It is the duty of any physician who is a member of a Local Board to make physical examinations, and additional examining physicians should be compensated only where acceptable gratuitous service can not be obtained, and where, in accordance with section 42, the compensation of an examining physician in addition to the physician member of the board is authorized.

Physician members of Local Boards and examining physicians not members of Local Boards may receive compensation at the rate of $1 per hour for each hour that they are actually present at the office of the Board and fully engaged in the duties of making physical examinations, but not in any case to exceed $7.50 for any single day or $150 for any single month.

NOTE 1.—The compensation provided in the above section for physician members of Local Boards is in addition to that provided for their services as members of Local Boards under section 195 of these regulations, subject, however, to the provisions of note to section 190 of these regulations.

RULES OF PROCEDURE FOR MEDICAL ADVISORY BOARDS.

(1) Read carefully the Selective Service Regulations (S. S. R.), particularly the following sections: 25, 29, 33, 42, 43 (*a*), 44, 46, 122 to 128½, 177, 182, 186 to 188, 196. For ready reference all of these sections are reprinted in this appendix.

(2) Medical Advisory Boards shall consist of three or more physicians. The desirable minimum consists of one each of the following specialists: Internist; eye, ear, nose, and throat; orthopedist; surgeon; psychiatrist; radiographer; dentist. Additional Medical Advisory Boards may be formed. The membership of existing boards may be increased as necessity may indicate, but should not exceed 10 members. (See sec. 29, S. S. R.) When a Medical Advisory Board believes that other boards should be created, or additional members added to existing boards, it should recommend the same to the governor through the Medical Aide.

(3) Each board should select one member as chairman, one as vice chairman, and one as secretary. Sessions will be held only when necessary for the conduct of general business.

(4) Request to the governor for authority to employ clerical assistance and incur other expenses should be made only when absolutely necessary. Do not incur any expense until authorized by the governor. (See secs. 43(*a*), 198, 204, and 208, S. S. R.) Stationery will be supplied by the Adjutant General.

(5) No communications concerning the business of Medical Advisory Boards should be addressed to any department or official in Washington. Except for their communications with Local Boards and Medical Aides, Medical Advisory Boards must address all official communications of every character, whether reports, recommendations, or requests for instructions or for interpretations to the Adjutant General of the State, who will either respond thereto or transmit the same to the proper authority. (See sec. 29, Note 3, S. S. R.)

(6) A place will be selected as headquarters of the board where sessions may be held and physical examinations conducted. This should be preferably a hospital or similar institution, where proper and careful examinations can be made. It ought not to be necessary to pay rental for such headquarters; but in the event that no free quarters can be obtained, application must be made through the Adjutant General of the State to the governor for authority to incur expense for rent. Physical examinations should be conducted at headquarters of the board when practicable; exceptionally, when necessity for prompt action exists, an Advisory Board member may conduct his part of the examination at his office.

(7) A majority of the board shall constitute a quorum. The board shall decide all disputed questions by vote. The chairman need not vote except to break a tie.

(8) It shall not be necessary for all or a majority of a board to be present at or to participate in the examination of a registrant. Such registrant may be referred to the appropriate member or members, whose opinion is desired.

(9) Any member of the board can sign Form 1010, reporting the result of physical examination by the Medical Advisory Board, designating the signer as follows: "Chairman," "vice chairman," "secretary," or "member."

(10) Form 1010 will be promptly completed by the Medical Advisory Board, or by the member or members who have examined the registrant, and will be at once returned in triplicate to the Local Board by which issued. If registrant has been examined at the request of the Adjutant General, Form 1010, when completed by the Medical Advisory Board, shall be returned in triplicate to the Adjutant General. (See sec. 137, S. S. R.)

(11) If clerks are employed they are to be on duty at place of meeting daily, except Sundays and legal holidays, from 9 a. m. to 5 p. m., and shall keep all records and conduct all correspondence under the direction of the board.

(12) No permanent record is required to be kept by Medical Advisory Boards except a minute book, which shall contain a list of registrants whose examination has been completed, and another list of those whose examination is delayed on account of temporary defects. The following, or substantially equivalent form, which is not supplied but must be written or typewritten, will be entered in the book as a record of formal meetings.

Date of meeting _____ Convened _____ M. Adjourned _____ M.

Present (members of board).	Arrived.	Left.

Business Transacted.

Names of cases referred by the Local Board_____

Number finally acted on_____

Names of cases referred by registrar or Appeal Agent_____

Number finally acted on_____

Names of cases referred by The Adjutant General_____

Number finally acted on_____

Names of cases transferred from Local Boards_____

Number finally acted on_____

(13) Medical Advisory Boards must conduct all their proceedings in strict accordance with the Standards of Physical Examinations and the Selective Service Regulations.

(14) All inquiries, requests for interpretations, reports, and communications of every character (except those with Local Boards)

must be addressed to the Governor or State Adjutant General, through the medical aid to the governor. When necessary, such communications will be forwarded through proper channels to the Provost Marshal General. (See sec. 25, S. S. R.)

(15) Definite and explicit instructions with respect to headquarters, expenses, correspondence, and standards of examinations will be found in the text of Form 75 and the Selective Service Regulations.

(16) When registrants referred to the Advisory Board present themselves with some temporary defect, the result of a recent acute disease, injury, or operation, the Local Board should be advised to grant a reasonable time for recovery before the final examination by the Medical Advisory Board is made.

(17) When Local or Advisory Boards can not command the facilities at the hospital headquarters for making throat cultures of registrants recovering from an attack of diphtheria as directed in section 187 in the Regulations for Local Boards, the cultures from the throats of such registrants may be sent by mail to municipal laboratories or to those of the State or of the United States Public Health Service.

(18) The Medical Advisory Board may employ section 187, S. S. R., "Temporary Defects," when they desire to grant the registrant a reasonable delay for completing the physical examination when it is difficult or impossible to come to a definite conclusion when the registrant first presents himself to the Medical Advisory Board.

(19) Whenever possible examinations should be completed within one day. Medical Advisory Boards in those districts in which the registrants must be sent from a distance should suggest to their Local Boards to hold registrants under section 187, S. S. R., for a reasonable time until the examination can be so completed.

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